

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 713733 (4)**  
1. Corporation Name  
**FLORIDA THOROUGHBRED BREEDERS' ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**4727 N W 80TH AVENUE** **4727 N W 80TH AVENUE**  
**OCALA FL 32675** **OCALA FL 32675**

3. Date Incorporated or Qualified **12/01/1967** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **59-0944678** Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent  
**HANCOCK, RICHARD E**  
**4727 N.W. 80TH AVENUE**  
**OCALA FL 32675**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ERSOFF, STANLEY M.</b>	12 NAME	
STREET ADDRESS	<b>1439 W FLAGLER</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	14 CITY - ST - ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'FARRELL, J MICHAEL</b>	22 NAME	
STREET ADDRESS	<b>200 NW 95TH CT</b>	23 STREET ADDRESS	
CITY - ST - ZIP	<b>OCALA FL</b>	24 CITY - ST - ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOWLETT, BRYAN</b>	32 NAME	
STREET ADDRESS	<b>6775 SW 43RD AVE</b>	33 STREET ADDRESS	
CITY - ST - ZIP	<b>OCALA FL</b>	34 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEINBRENNER, GEORGE M</b>	42 NAME	
STREET ADDRESS	<b>2502 ROCKY POINT RD #890</b>	43 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA FL 33607</b>	44 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOWLING, CARL</b>	52 NAME	
STREET ADDRESS	<b>5 LIVE OAK DRIVE</b>	53 STREET ADDRESS	
CITY - ST - ZIP	<b>OXFORD FL 34484</b>	54 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEWIS, MARION</b>	62 NAME	
STREET ADDRESS	<b>15500 W HWY 326</b>	63 STREET ADDRESS	
CITY - ST - ZIP	<b>MORRISTON FL 32688</b>	64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)