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Jan 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 34482-2031

3. Date Incorporated or Qualified 12/01/1967
3a. Date of Last Report 02/02/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

4. FEI Number 59-0944678
Applied For Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip Country 28 Zip Country
24 25 29 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANCOCK, RICHARD E
4727 N.W. 80TH AVENUE
OCALA FL 32675

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P [] DELETE
NAME ERSOFF, STANLEY M.
STREET ADDRESS 1439 W FLAGLER
CITY - ST - ZIP MIAMI FL
TITLE VP [] DELETE
NAME O'FARRELL, J MICHAEL
STREET ADDRESS 200 NW 95TH CT
CITY - ST - ZIP Ocala FL
TITLE T [] DELETE
NAME HOWLETT, BRYAN
STREET ADDRESS 6775 SW 43RD AVE
CITY - ST - ZIP Ocala FL
TITLE D [] DELETE
NAME STEINBRENNER, GEORGE M
STREET ADDRESS 2502 ROCKY POINT RD #890
CITY - ST - ZIP TAMPA FL 33607
TITLE D [] DELETE
NAME BOWLING, CARL
STREET ADDRESS 5 LIVE OAK DRIVE
CITY - ST - ZIP OXFORD FL 34484
TITLE D [] DELETE
NAME LEWIS, MARION
STREET ADDRESS 15500 W HWY 326
CITY - ST - ZIP MORRISTON FL 32688

1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Richard E Hancock Richard E Hancock

1/16/97

352-629-2160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0086108

CR2E037 (9/96)