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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N97000004874

1. Corporation Name
THE FLORIDA THOROUGHBRED BREEDERS' AND OWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
 4727 N.W. 80TH AVENUE 4727 N.W. 80TH AVENUE
 OCALA FL 34482-2098 OCALA FL 34482-2098



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suits, Apt. #, etc.	26	Suits, Apt. #, etc.	08/27/1997	
22. City & State		27. City & State		4. FEI Number	
23. Zip		28. Zip		59-0944678	
24. Country		29. Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
				Trust Fund Contribution	

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 34482-2098				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ERSOFF, STANLEY M			1.2 NAME			
STREET ADDRESS	1439 W FLAGLER			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIMIA FL 33135			1.4 CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Secretary /D/	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MILLER, LEVERETT S			2.2 NAME	Walter J Burke		
STREET ADDRESS	CR 329			2.3 STREET ADDRESS	13450 NW Gainesville Rd		
CITY-ST-ZIP	FAIRFIELD FL 32634			2.4 CITY-ST-ZIP	Reddick FL 32686		
TITLE	T	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOWLETT, BRYAN			3.2 NAME			
STREET ADDRESS	6775 SW 43RD AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL 34474			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	Treasurer /D/	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STEINBRENNER, GEORGE M			4.2 NAME	Diane Dudley		
STREET ADDRESS	3802 W MARTIN LUTHER KING JR BLVD			4.3 STREET ADDRESS	5340 SW State Road 200		
CITY-ST-ZIP	TAMPA FL 33614			4.4 CITY-ST-ZIP	Ocala FL 34474		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOWLING, CARL			5.2 NAME			
STREET ADDRESS	5 LIVE OAK DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	OXFORD FL 34884			5.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		6.1 TITLE	Second Vice President /D/	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CROMARTIE, ROBERT A			6.2 NAME	Robert A Cromartie		
STREET ADDRESS	P.O. BOX 890 N/A			6.3 STREET ADDRESS	6500 NW 193rd St		
CITY-ST-ZIP	SUMMERFIELD FL 34492			6.4 CITY-ST-ZIP	Orange Lake FL 32681		

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)