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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 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number | Applied For |
| 22 | City & State | 27 | City & State | 59-0944678 | Not Applicable |
| 23 | Zip | 28 | Country | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 24 | Country | 29 | Country | 6. Election Campaign Financing | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 25 | Country | 30 | Country | 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 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 _____ 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 | MIMAJ 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 800 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: _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)