


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90264 001 \*\*\*245.00

**DOCUMENT # N97000004874**

1. Entity Name  
**THE FLORIDA THOROUGHbred BREEDERS' AND OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**801 SW 60TH AVENUE  
 Ocala, FL 34474**

Mailing Address  
**801 SW 60TH AVENUE  
 Ocala, FL 34474**

**66009176**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01262005 Chg-NP CR2E037 (10/03)

City & State

Zip Country

4. FEI Number  
**59-0944678**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HANCOCK, RICHARD E  
 801 SW 60TH AVENUE  
 Ocala, FL 34474**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	DIZNEY, DONALD R	603 MAIN STREET	WINDERMERE, FL 34786	<input type="checkbox"/>
S	DIMARE, SHELIA	2205 NW 110TH AVE	OCALA, FL 34482	<input checked="" type="checkbox"/>
2VPD	MILLER, LEVERETT	15233 NW HWY 329	REDDICK, FL 32686	<input checked="" type="checkbox"/>
T	EISAMAN DVM, BARRY W	15749 W HWY 316	WILLISTON, FL 32696	<input checked="" type="checkbox"/>
VPD	O'FARRELL JR, J MICHAEL	4400 SW 27TH ST	OCALA, FL 34474	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S	MARK ROBERTS	14216 NORTH US HIGHWAY 27	OCALA, FL 34482	<input checked="" type="checkbox"/>
2VPD	DEAN J. DERENZO	6500 NW HIGHWAY 225A	OCALA, FL 34482	<input checked="" type="checkbox"/>
T	NORMAN E. CASSE	PO BOX 729	SPARR, FL 32192	<input checked="" type="checkbox"/>
VPD	GILBERT G. CAMPBELL	PO BOX 381	TYNGSBORO, MA 01879	<input checked="" type="checkbox"/>
ED	RICHARD E. HANCOCK	801 SW 60TH AVENUE	OCALA, FL 34474	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **February 22, 2005** **352/629-2160**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #