


**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**

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

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

City & State

Zip Country

**66009176**



01262005 Chg-NP CR2E037 (10/03)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 #