#### 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 713733** 

Entity Name: FLORIDA THOROUGHBRED BREEDERS' ASSOCIATION, INC.

FILED Apr 27, 2017 Secretary of State CC2111298980

## **Current Principal Place of Business:**

801 SW 60TH AVENUE OCALA, FL 34474

## **Current Mailing Address:**

801 SW 60TH AVENUE OCALA, FL 34474

FEI Number: 59-0944678 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

POWELL, LONNY T 801 SW 60TH AVENUE OCALA, FL 34474 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title TREASURER, DIRECTOR Title DIRECTOR

Name O'FARRELL, JOSEPH M III Name DIMARE, SHEILA

Address PO BOX 818 Address 2205 NW 110TH AVENUE

City-State-Zip: OCALA FL 34478 City-State-Zip: OCALA FL 34482

Title DIRECTOR Title CEO

 Name
 CAMPBELL, GILBERT
 Name
 POWELL, LONNY T

 Address
 4451 NE 180TH AVENUE
 Address
 801 SW 60TH AVE

 City-State-Zip:
 WILLISTON FL 32696
 City-State-Zip:
 OCALA FL 34474

Title DIRECTOR Title VP, DIRECTOR Name PARKS, DIANE RUSSELL. GEORGE L SR. Name Address P O BOX 770038 Address 12010 NW HIGHWAY 225A City-State-Zip: OCALA FL 34482 REDDICK FL 32686 City-State-Zip:

TitleDIRECTORTitleDIRECTORNameWHEELER, GREGNameBREI, FRED

Address 10137 NW 19TH PLACE Address JACKS OR BETTER FARM 7600 NW 120TH STREET

City-State-Zip: OCALA FL 34482 City-State-Zip: REDDICK FL 32686

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LONNY POWELL CEO 04/27/2017

### Officer/Director Detail Continued:

Title DIRECTOR

Name ISAACS, GEORGE

Address BRIDLEWOOD FARM

8318 NW 90TH TERRACE

City-State-Zip: OCALA FL 34482

Title DIRECTOR

Name BERKELHAMMER, BARRY

Address ABRACADABRA FARM

510 SE HIGHWAY 484

City-State-Zip: OCALA FL 34480

Title DIRECTOR

Name KENT, RICHARD

Address 1121 SE 12TH TERRACE

City-State-Zip: OCALA FL 34471

Title PRESIDENT, DIRECTOR

Name FERNUNG, BRENT

Address JOURNEYMAN STUD

5571 NW 100TH STREET

City-State-Zip: OCALA FL 34482

Title DIRECTOR

Name KOSANOVICH, MILAN

Address BROKEN BACK FARM

901 SW 73RD ST RD

City-State-Zip: OCALA FL 34476-6877

Title DIRECTOR

Name CASSE, MARK

Address 6851 SW 66TH STREET

City-State-Zip: OCALA FL 34476

Title DIRECTOR

Name DAILEY, VALERIE

Address 5780 SW 20TH STREET

City-State-Zip: OCALA FL 34474

Title VP, DIRECTOR

Name MATTHEWS, PHIL DVM

Address 9420 S MAGNOLIA AVENUE

City-State-Zip: OCALA FL 34476