

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713733

Entity Name: FLORIDA THOROUGHBRED BREEDERS' ASSOCIATION, INC.

FILED
Feb 01, 2021
Secretary of State
6603130338CC

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 DIRECTOR
Name DE MERIC, NICK
Address MANUDEN FARMS/DE MERIC STABLES
4001 NW 130TH AVE
City-State-Zip: Ocala FL 34482

Title DIRECTOR
Name BULMAHN, T. PAUL
Address 5290 NW 130TH AVE
City-State-Zip: Ocala FL 34482

Title DIRECTOR
Name CAMPBELL, MARILYN
Address 4451 NE 180TH AVE
City-State-Zip: WILLISTON FL 32696

Title CEO
Name POWELL, LONNY T
Address 801 SW 60TH AVE
City-State-Zip: Ocala FL 34474

Title TREASURER, DIRECTOR
Name RUSSELL, GEORGE
Address 12010 NW HIGHWAY 225A
City-State-Zip: REDDICK FL 32686

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 1ST VP, DIRECTOR
Name DAILEY, VALERIE
Address 5780 SW 20TH STREET
City-State-Zip: Ocala FL 34474

Continues on page 2

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

02/01/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title 2ND VP, DIRECTOR
Name FERNUNG, BRENT
Address JOURNEYMAN STUD
5571 NW 100TH STREET
City-State-Zip: Ocala FL 34482

Title DIRECTOR
Name JONES, BOBBY
Address PO BOX 172
City-State-Zip: REDDICK FL 32686

Title DIRECTOR
Name FULLER-VARGAS, LAURINE
Address 14650 NW HWY 464B
City-State-Zip: MORRISTON FL 32668

Title DIRECTOR
Name VANLANGENDONCK, FRANCIS
Address SUMERFIELD SALES AGENCY, INC
9180 NW 160TH AVE
City-State-Zip: MORRISTON FL 32668

Title PRESIDENT, DIRECTOR
Name MATTHEWS, PHIL DVM
Address 9420 S MAGNOLIA AVENUE
City-State-Zip: Ocala FL 34476

Title DIRECTOR
Name YUTANI, FRED MD
Address 2801 SE 1ST AVE.
City-State-Zip: Ocala FL 34471

Title SECRETARY, DIRECTOR
Name O'FARRELL, JOSEPH III
Address P.O. BOX 818
City-State-Zip: Ocala FL 34478