

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 713733

**FILED**  
**Jan 22, 2018**  
**Secretary of State**  
**CC8889204624**

**Entity Name:** FLORIDA THOROUGHBRED BREEDERS' ASSOCIATION, INC.

**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 VP, DIRECTOR  
Name O'FARRELL, JOSEPH M III  
Address PO BOX 818  
City-State-Zip: Ocala FL 34478

Title DIRECTOR  
Name DIMARE, SHEILA  
Address 2205 NW 110TH AVENUE  
City-State-Zip: Ocala FL 34482

Title DIRECTOR  
Name CAMPBELL, GILBERT  
Address 4451 NE 180TH AVENUE  
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 WHEELER, GREG  
Address 10137 NW 19TH PLACE  
City-State-Zip: Ocala FL 34482

Title DIRECTOR  
Name BREI, FRED  
Address JACKS OR BETTER FARM  
7600 NW 120TH STREET  
City-State-Zip: REDDICK FL 32686

Title SECRETARY, DIRECTOR  
Name ISAACS, GEORGE  
Address BRIDLEWOOD FARM  
8318 NW 90TH TERRACE  
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

**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**

**01/22/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

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