

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713733

Entity Name: FLORIDA THOROUGHBRED BREEDERS' ASSOCIATION, INC.

FILED
Feb 08, 2019
Secretary of State
1380895949CC

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, 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 DIRECTOR, VP
Name WHEELER, GREG
Address 10137 NW 19TH PLACE
City-State-Zip: Ocala FL 34482

Title TREASURER, DIRECTOR
Name RUSSELL, GEORGE
Address 12010 NW HIGHWAY 225A
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

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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

02/08/2019

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 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

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