

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 713733

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

**FILED**  
**Feb 26, 2020**  
**Secretary of State**  
**4510218425CC**

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

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

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

**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**

**02/26/2020**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title TREASURER, 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