

2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 713733

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

Title 1VP, DIRECTOR
Name FERNUNG, BRENT
Address 5571 NW 100TH STREET
City-State-Zip: Ocala 34482

Title 2ND VICE PRESIDENT, DIRECTOR
Name MATTHEWS, DVM, PHIL
Address 9420 S MAGNOLIA AVENUE
City-State-Zip: Ocala FL 34476

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

Title PRESIDENT, DIRECTOR
Name RUSSELL, SR., GEORGE L
Address 2530 SW 36TH STREET
City-State-Zip: FT. LAUDERDALE FL 33312

Title DIRECTOR
Name BARBAZON, JOE
Address PLEASANT ACRES FARM
2153 SE HIGHWAY 41
City-State-Zip: MORRISTON FL 32668

Title DIRECTOR
Name LERMAN, ROY S
Address LAMBHOLM SOUTH
P O BOX 670
City-State-Zip: FAIRFIELD FL 32634

Title DIRECTOR
Name PARKS, DIANE
Address P O BOX 770038
City-State-Zip: Ocala FL 34482

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

04/16/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WEBER, CHARLOTTE C
Address LIVE OAK STUD
9275 SW 9TH STREET ROAD
City-State-Zip: OCALA FL 34481

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

Title DIRECTOR
Name CAMPBELL, GILBERT
Address PO BOX 381
City-State-Zip: TYNGSBORO MA 01879

Title DIRECTOR
Name KOSANOVICH, MILAN
Address BROKEN BACK FARM
901 SW 73RD ST RD
City-State-Zip: OCALA FL 34476-6877

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

Title DIRECTOR
Name O'FARRELL, III, JOSEPH M
Address OCALA STUD FARMS
P O BOX 818
City-State-Zip: OCALA FL 34478

Title DIRECTOR
Name ISAACS, GEORGE
Address BRIDLEWOOD FARM
8318 NW 90TH TERRACE
City-State-Zip: OCALA FL 34482

Title DIRECTOR
Name STEINBRENNER, JESSICA
Address KINSMAN FARM
3727 SW 95TH AVE RD
City-State-Zip: OCALA FL 34481