

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000010129

**FILED**  
**Mar 26, 2015**  
**Secretary of State**  
**CC2547128725**

**Entity Name:** OCALA THOROUGHBRED RACING, 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:** 45-2395614

**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            PRESIDENT, DIRECTOR  
Name            BREI, FRED  
Address        7600 NW 120TH STREET  
City-State-Zip: REDDICK FL 32686

Title            VP, DIRECTOR  
Name            O'FARRELL, JR, JOSEPH M  
Address        P.O. BOX 818  
City-State-Zip: OCALA FL 34478

Title            SECRETARY, DIRECTOR  
Name            FERNUNG, BRENT  
Address        5571 NW 100TH STREET  
City-State-Zip: OCALA FL 34482

Title            TREASURER, DIRECTOR  
Name            PARKS, JERRY W  
Address        P. O. BOX 770788  
City-State-Zip: OCALA FL 34477

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

Title            EXECUTIVE VICE PRESIDENT  
Name            POWELL, LONNY T  
Address        801 SW 60TH AVENUE  
City-State-Zip: OCALA FL 34474

Title            DIRECTOR  
Name            BERNICK, CRAIG  
Address        GLEN HILL FARM  
                 5001 SW 27TH AVENUE  
City-State-Zip: OCALA FL 34474

Title            DIRECTOR  
Name            CAMPBELL, GILBERT G  
Address        176 CHURCH STREET  
City-State-Zip: LOWELL MA 01852

**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**

**03/26/2015**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name DIZNEY, DONALD R  
Address P O BOX 1100  
City-State-Zip: WINDEMERE FL 34786

Title DIRECTOR  
Name ROGERS, MIKE  
Address MAGNA ENTERTAINMENT  
14875 BAYVIEW AVENUE  
City-State-Zip: AURORA ONTARIO L4G3G8

Title DIRECTOR  
Name MATTHEWS DVM, PHIL  
Address 9420 S MAGNOLIA AVE  
City-State-Zip: OCALA FL 34476

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