

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

**FILED**

DOCUMENT# N10000010129

**Feb 26, 2020**

**Entity Name:** OCALA THOROUGHBRED RACING, INC.

**Secretary of State  
0823732618CC**

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

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

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

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

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

Title DIRECTOR  
Name DAILEY, VALERIE  
Address 5780 SW 20TH ST  
City-State-Zip: OCALA FL 34474

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

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

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