

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000010129

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

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

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

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

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

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

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

Title SECRETARY
Name CAMPBELL, JERRY
Address CAPTEC USA
401 E. JACKSON STREET STE 3300
City-State-Zip: TAMPA FL 33602

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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****01/23/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	BULMAHN, PAUL	Name	CAMPBELL, MARILYN
Address	5290 NW 130TH AVE	Address	P.O. BOX 381
City-State-Zip:	Ocala FL 34482	City-State-Zip:	TYNGSBORO MA 01879