

**2013 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        PRESIDENT, DIRECTOR  
Name        BREI, FRED  
Address     7600 NW 120TH STREET  
City-State-Zip: REDDICK FL 32686

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

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

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

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

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

Title        EXECUTIVE VICE PRESIDENT  
Name        POWELL, LONNY T  
Address     801 SW 60TH 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 T POWELL**EVP****04/22/2013**\_\_\_\_\_  
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