

2014 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 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, SR., GEORGE L
Address 2530 SW 36TH STREET
City-State-Zip: FT LAUDERDALE FL 33312

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

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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**EVP****04/15/2014**_____
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