

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36704

**Entity Name:** FLORIDA THOROUGHBRED CHARITIES, INC.

**Current Principal Place of Business:**

801 SW 60TH AVE.  
OCALA, FL 34474

**Current Mailing Address:**

801 SW 60TH AVE.  
OCALA, FL 34474

**FEI Number:** 59-2991947

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

POWELL, LONNY T  
801 SW 60TH AVE.  
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 1ST VICE CHAIRMAN, DIRECTOR  
Name RUSSELL, GEORGE  
Address 12010 NW HIGHWAY 225A  
City-State-Zip: REDDICK FL 32686

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

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

Title CHAIRMAN  
Name ISAACS, GEORGE  
Address BRIDDLEWOOD FARM  
8318 NW 90TH TERRACE  
City-State-Zip: Ocala FL 34482

Title SECRETARY, DIRECTOR  
Name DE MERIC, NICK  
Address 4001 NW 120TH AVE  
City-State-Zip: Ocala FL 34482

Title 2ND VICE CHAIRMAN, DIRECTOR  
Name VANLANGENDONCK, FRANCIS  
Address 9180 NW 160TH AVE  
City-State-Zip: MORRISTON FL 32668

*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**

**03/01/2023**

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

\_\_\_\_\_  
Date