

2014 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 1VP, DIRECTOR
Name FERNUNG, BRENT
Address 5571 NW 100TH STREET
City-State-Zip: OCALA FL 34482

Title SECRETARY, DIRECTOR
Name DIMARI, SHEILA
Address 2205 NW 110TH AVENUE
City-State-Zip: OCALA FL 34482

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

Title SECOND VICE PRESIDENT,
DIRECTOR
Name MATTHEWS DVM, PHIL
Address 9420 S MAGNOLIA AVENUE
City-State-Zip: OCALA FL 34476

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

Title TREASURER, DIRECTOR
Name BREI, FRED
Address JACKS OR BETTER FARM
7600 NW 120TH STREET
City-State-Zip: REDDICK FL 32686

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****04/15/2014**

Electronic Signature of Signing Officer/Director Detail

Date