

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000001396

**Entity Name:** FLORIDA AGRICULTURE CENTER AND HORSE PARK  
AUTHORITY, INC.

**FILED**  
**Apr 10, 2019**  
**Secretary of State**  
**8516823232CC**

**Current Principal Place of Business:**

11008 SOUTH HWY 475  
OCALA, FL 34480

**Current Mailing Address:**

11008 SOUTH HWY 475  
OCALA, FL 34480 US

**FEI Number: 59-3371901**

**Certificate of Status Desired: No**

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

ROBERTS, FRED NATTORNE  
333 N.W. 3RD AVENUE  
OCALA, FL 34475 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 ED  
Name REYNOLDS, JASON K.  
Address 11008 S HWY 475  
City-State-Zip: Ocala FL 34480

Title TREASURER  
Name O'FARRELL, JOE  
Address 11008 S HWY 475  
City-State-Zip: Ocala FL 34480

Title SECRETARY  
Name STRICKLAND, JIM  
Address 11008 SOUTH HWY 475  
City-State-Zip: Ocala FL 34480

Title CHAIRMAN  
Name DOVER, CAROL  
Address 11008 S. HWY 475  
City-State-Zip: Ocala FL 34480

Title VC  
Name POWELL, LONNY  
Address 11008 S. HWY 475  
City-State-Zip: Ocala FL 34480

Title VC  
Name MCNAMARA, ED  
Address 11008 S. HWY 475  
City-State-Zip: Ocala FL 34480

*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: JASON REYNOLDS**

**EXECUTIVE DIRECTOR**

**04/10/2019**

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

\_\_\_\_\_  
Date