## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004874

Entity Name: THE FLORIDA THOROUGHBRED BREEDERS' AND OWNERS'

ASSOCIATION, 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: 59-0944678 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

FILED Apr 15, 2014

**Secretary of State** 

CC4417232153

Officer/Director Detail:

Title SECRETARY, DIRECTOR Title 1VP, DIRECTOR
Name DIMARE, SHEILA Name FERNUNG, BRENT

Address 2205 NW 110TH AVENUE Address 5571 NW 100TH STREET

City-State-Zip: OCALA FL 34482 City-State-Zip: OCALA FL 34482

Title SECOND VICE PRESIDENT, Title CEO

DIRECTOR

 Name
 Name
 POWELL, LONNY T

 Name
 MATTHEWS, DVM, PHIL
 Address
 801 SW 60TH AVE

 Address
 9420 S MAGNOLIA AVE
 City-State-Zip:
 OCALA FL 34474

City-State-Zip: OCALA FL 34476

P O BOX 670

Title PRESIDENT, DIRECTOR Name BARBAZON, JOE

Name RUSSELL, SR., GEORGE L

Address PLEASANT ACRES FARM 2153 SE HIGHWAY 41

City-State-Zip: FT LAUDERDALE FL 33312 City-State-Zip: MORRISTON FL 32668

Title DIRECTOR Title TREASURER, DIRECTOR

Name LERMAN, ROY S Name BREI, FRED

Address LAMBHOLM SOUTH Address JACKS OR BETTER FARM

7600 NW 120TH STREET

**DIRECTOR** 

City-State-Zip: FAIRFIELD FL 32634 City-State-Zip: REDDICK FL 32686

## 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.

Title

SIGNATURE: LONNY POWELL CEO 04/15/2014

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

DIRECTOR Title Title DIRECTOR

PARKS, DIANE Name WEBER, CHARLOTTE C Name

Address P O BOX 770038 Address LIVE OAK STUD

9275 SW 9TH STREET ROAD City-State-Zip: OCALA FL 34482

City-State-Zip: OCALA FL 34481

Title **DIRECTOR** Title DIRECTOR

Name WHEELER, GREG Name O'FARRELL, III, JOSEPH M 10137 NW 19TH PLACE Address

Address OCALA STUD FARMS City-State-Zip: OCALA FL 34482

P O BOX 818

OCALA FL 34478 City-State-Zip: Title **DIRECTOR** 

Title **DIRECTOR** CAMPBELL, GILBERT Name

Name ISAACS, GEORGE PO BOX 381 Address

Address **BRIDLEWOOD FARM** TYNGSBORO MA 01879 City-State-Zip: 8318 NW 90TH TERRACE

City-State-Zip: OCALA FL 34482 Title DIRECTOR

KOSANOVICH, MILAN Name Title **DIRECTOR** 

Address **BROKEN BACK FARM** STEINBRENNER, JESSICA Name 901 SW 73RD ROAD

Address KINSMAN FARM City-State-Zip: OCALA FL 34476

3727 SW 95TH AVE ROAD

OCALA FL 34481 City-State-Zip: