

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000004874

**FILED**  
**Jan 19, 2024**  
**Secretary of State**  
**1508536565CC**

**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

**Officer/Director Detail :**

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

Title 1ST VP  
Name RUSSELL, GEORGE  
Address 12010 NW HWY 25A  
City-State-Zip: REDDICK FL 32686

Title SECRETARY  
Name DE MERIC, NICK  
Address MANDUDEN FARMS/DE MERIC STABLES  
4001 NW 130TH AVE  
City-State-Zip: Ocala FL 34482

Title DIRECTOR  
Name FULLER-VARGAS, LAURINE  
Address 14650 NW HWY 464B  
City-State-Zip: MORRISTON FL 32668

Title DIRECTOR  
Name MARILYN, CAMPBELL  
Address 4451 NE 180TH AVE  
City-State-Zip: WILLISTON FL 32696

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

Title 2ND VP  
Name VANLANGENDONCK, FRANCIS  
Address SUMMERFEILD SALES AGENCY  
9180 NW 160TH AVE  
City-State-Zip: MORRISTON FL 32668

Title DIRECTOR  
Name KOSANOVICH, MILAN  
Address BROKEN BACK FARM  
901 SW 73RD ST RD  
City-State-Zip: Ocala FL 34476-6877

**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.*

**SIGNATURE: LONNY POWELL**

**CEO**

**01/19/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BULMAHN, PAUL T  
Address 5290 NW 130TH AVE  
City-State-Zip: Ocala FL 34482

Title DIRECTOR  
Name CAMPBELL, JERRY  
Address CAPTEC USA  
401 E. JACKSON STREET STE 3300  
City-State-Zip: TAMPA FL 33602

Title DIRECTOR  
Name HALL, MIKE  
Address 711 MARKET STREET  
City-State-Zip: PARKERSBURG WV 26101

Title DIRECTOR  
Name CANTRELL, BECKIE  
Address 4700 NE 97TH ST.  
City-State-Zip: ANTHONY FL 32617

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

Title DIRECTOR  
Name LIGHTNER, MARY  
Address SHOOTING STAR THOROUGHBREDS  
P.O. BOX 687  
City-State-Zip: WILLISTON FL 32696

Title DIRECTOR  
Name FERNUNG, BRENT  
Address 5571 NW 100TH ST  
City-State-Zip: Ocala FL 34482