2020 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 Feb 26, 2020

Secretary of State

5641706605CC

Officer/Director Detail:

Title CEO Title **PRESIDENT**

Name POWELL, LONNY T Name WHEELER, GREG

Address 801 SW 60TH AVE Address 10137 NW 19TH PLACE

City-State-Zip: OCALA FL 34474 City-State-Zip: OCALA FL 34482

Title **DIRECTOR** Title **DIRECTOR**

Name BERKELHAMMER, BARRY Name KENT, RICHARD

Address ABRACADABRA FARM Address 1121 SE 12TH TERRACE

> 510 SE HIGHWAY 484 City-State-Zip: OCALA FL 34471

City-State-Zip: OCALA FL 34480

Title TREASURER, DIRECTOR Title **SECRETARY**

Name FERNUNG, BRENT Name DAILEY, VALERIE

Address JOURNEYMAN STUD Address

5780 SW 20TH STREET **5571 NW 100TH STREET**

City-State-Zip: OCALA FL 34482 City-State-Zip: OCALA FL 34474

Title **DIRECTOR** Title VP, DIRECTOR

JONES, BOBBY Name Name MATTHEWS, PHIL DVM

Address PO BOX 172 9420 S MAGNOLIA AVENUE Address

City-State-Zip: REDDICK FL 32686 City-State-Zip: OCALA FL 34476

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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.

02/26/2020 SIGNATURE: LONNY POWELL **CEO**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

DIRECTOR Title Title VP, DIRECTOR YUTANI, FRED MD RUSSELL, GEORGE Name Name Address 2801 SE 1ST AVE. Address 12010 NW HWY 25A City-State-Zip: REDDICK FL 32686 City-State-Zip: OCALA FL 34471

Title DIRECTOR Title DIRECTOR

Name BULMAHN, T. PAUL Name DE MERIC, NICK

Address GOLDMARK FARM,LLC Address MANDUDEN FARMS/DE MERIC

5290 NW 130TH AVE STABLES

City-State-Zip: OCALA FL 34482 4001 NW 130TH AVE City-State-Zip: OCALA FL 34482

Title DIRECTOR Title DIRECTOR

 Name
 FULLER-VARGAS, LAURINE
 Name
 MARILYN, CAMPBELL

 Address
 14650 NW HWY 464B
 Address
 4451 NE 180TH AVE

City-State-Zip: MORRISTON FL 32668

City-State-Zip: WILLISTON FL 32696

Title DIRECTOR Title DIRECTOR

Name O'FARRELL, JOSEPH III

Name VANLANGENDONCK, FRANCIS

Address OCALA STUD FARMS
P.O. BOX 818 Address SUMMERFEILD SALES AGENCY

9180 NW 160TH AVE

City-State-Zip: OCALA FL 34478

City-State-Zip: MORRISTON FL 32668