

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004874

FILED
Jan 22, 2018
Secretary of State
CC8680671498

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 VP, DIRECTOR
Name O'FARRELL, JOSEPH M III
Address PO BOX 818
City-State-Zip: Ocala FL 34478

Title DIRECTOR
Name DIMARE, SHEILA
Address 2205 NW 110TH AVENUE
City-State-Zip: Ocala FL 34482

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

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

Title TREASURER, DIRECTOR
Name WHEELER, GREG
Address 10137 NW 19TH PLACE
City-State-Zip: Ocala FL 34482

Title DIRECTOR
Name BERKELHAMMER, BARRY
Address ABRACADABRA FARM
510 SE HIGHWAY 484
City-State-Zip: Ocala FL 34480

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

Title DIRECTOR
Name KOSANOVICH, MILAN
Address BROKEN BACK FARM
901 SW 73RD ROAD
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.

SIGNATURE: LONNY POWELL

CEO

01/22/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CASSE, MARK
Address 6851 SW 66TH STREET
City-State-Zip: OCALA FL 34476

Title DIRECTOR
Name DAILEY, VALERIE
Address 5780 SW 20TH STREET
City-State-Zip: OCALA FL 34474

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

Title DIRECTOR
Name YUTANI, FRED MD
Address 2801 SE 1ST AVE.
City-State-Zip: OCALA FL 34471

Title DIRECTOR
Name KENT, RICHARD
Address 1121 SE 12TH TERRACE
City-State-Zip: OCALA FL 34471

Title PRESIDENT, DIRECTOR
Name FERNUNG, BRENT
Address JOURNEYMAN STUD
5571 NW 100TH STREET
City-State-Zip: OCALA FL 34482

Title DIRECTOR
Name JONES, BOBBY
Address PO BOX 172
City-State-Zip: REDDICK FL 32686