

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004874

Entity Name: THE FLORIDA THOROUGHBRED BREEDERS' AND OWNERS' ASSOCIATION, INC.**FILED**
Feb 01, 2021
Secretary of State
1511284203CC**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	DIRECTOR
Name	KENT, RICHARD
Address	1121 SE 12TH TERRACE
City-State-Zip:	OCALA FL 34471

Title	1ST VP
Name	DAILEY, VALERIE
Address	5780 SW 20TH STREET
City-State-Zip:	OCALA FL 34474

Title	2ND VP
Name	FERNUNG, BRENT
Address	JOURNEYMAN STUD 5571 NW 100TH STREET
City-State-Zip:	OCALA FL 34482

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

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

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

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

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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****02/01/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

Title DIRECTOR
Name BREI, FRED
Address 7600 NW 120TH STREET
City-State-Zip: REDDICK FL 32686

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

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

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

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