

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005076 (4)

1. Corporation Name

EQUESTRIAN AIDS FOUNDATION, INC.



Principal Place of Business

Mailing Address

C/O PAULL RICHARD
13833 WELLINGTON TRACE #E-14
WELLINGTON FL 33414
USC/O PAULL RICHARD
13833 WELLINGTON TRACE E-14
WELLINGTON FL 33414-8554
US3. Date Incorporated or Qualified
10/11/19943a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUFRESNE, DONALD P
112788 WEST FORET HILL BLVD, SUITE 2003
W PALM BEACH FL 33414

81 Name

Richard J. Paull

82 Street Address (P.O. Box Number is Not Acceptable)

13833 Wellington Trace #E-14

83

84 City

Wellington

FL

85 Zip Code

33414

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0504, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	PHELPS, MASON	
STREET ADDRESS	13368 POLO CLUB RD WEST, APT 203C	
CITY-ST-ZIP	W PALM BEACH FL	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Wellington, FL 33411

TITLE	D	<input type="checkbox"/> DELETE
NAME	DOVER, ROBERT	
STREET ADDRESS	13368 POLO CLUB ROAD WEST, APT 203C	
CITY-ST-ZIP	W PALM BEACH FL	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	13368 Maidstone St
2.4 CITY-ST-ZIP	Wellington, FL 33414

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSS, ROBERT	
STREET ADDRESS	13368 POLO CLUB ROAD WEST APT 203C	
CITY-ST-ZIP	W PALM BEACH FL	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	13368 Maidstone St
3.4 CITY-ST-ZIP	Wellington, FL 33414

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	R. Peter Moss
4.3 STREET ADDRESS	1201 Mt. Kemble Ave
4.4 CITY-ST-ZIP	Morris town, NJ 07960-6628

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0041227

4-30-97

CR2E037 (9/96)