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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000006252

1. Corporation Name

NAPLES EQUESTRIAN CHALLENGE, INC.

Principal Place of Business

RIDGE ROAD
NAPLES FL 34108

Mailing Address

P.O. BOX 1353
NAPLES FL 34106



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 5750 14th Ave S.W. Suite, Apt. #, etc.	26	11/05/1997
22	27	4. FEI Number
23 Naples, FL	28	65-0793008
24 34116	29 USA	5. Certificate of Status Desired <input type="checkbox"/>
	30	\$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DEPPEN, DEANNA L 2043 46TH STREET S.W. NAPLES FL 34116	81 Name Todd Erickson 82 Street Address (P.O. Box Number is Not Acceptable) 840 New Waterford Dr. #103 83 84 City Naples FL 85 Zip Code 34104

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 617.0503, Florida Statutes.

SIGNATURE: Todd Erickson President DATE: 3/29/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	ERICKSON, TODD	1.1 TITLE	840 New Waterford Dr. #103
NAME	1835 GULF SHORE BLVD. SOUTH	1.2 NAME	Naples, FL 34104
STREET ADDRESS	NAPLES FL 34102	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE TD	DEPPEN, DEANNA	2.1 TITLE	4258 Kathy Avenue
NAME	2043 46TH STREET S.W.	2.2 NAME	Naples, FL 34118
STREET ADDRESS	NAPLES FL 34116	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE VD	LONG, DIANE	3.1 TITLE	65 Emerald Woods Drive-E7
NAME	4528 KATHY AVENUE	3.2 NAME	
STREET ADDRESS	NAPLES FL 34104	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE D	BLACKWELL, KAREN	4.1 TITLE	
NAME	65 EMERALD WOODS DRIVE	4.2 NAME	
STREET ADDRESS	NAPLES FL 34108	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE D	STAFFORD, DEBORAH	5.1 TITLE	
NAME	2132 FREDERICK STREET	5.2 NAME	
STREET ADDRESS	NAPLES FL 34112	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Secretary
NAME		6.2 NAME	Patricia Cooper
STREET ADDRESS		6.3 STREET ADDRESS	4989 Golden Gate Pky
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Naples FL 34116

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(8)(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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED President DATE: 3/29/99 Daytime Phone #: 941-352 7462