

FILE NOW: FILING FEE IS \$61.25

FILED  
May 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N27184** (3)

1. Corporation Name

**CONCERNED HORSEMEN TRAILRIDERS OF PALM BEACH COUNTY, INC.**

Principal Place of Business

Mailing Address

11295 IRA LANE  
LAKE WORTH FL 33467

11295 IRA LANE  
LAKE WORTH FL 33467-8456



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 16281 E. Aqueduct Drive		26 16281 E. Aqueduct Dr.		06/28/1988		08/12/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0402337		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 Loxahatchee, FL		28 Loxahatchee, FL		<input type="checkbox"/>		<input type="checkbox"/>	
Zip		Zip		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
24 33470		29 33470		Trust Fund Contribution		<input type="checkbox"/>	
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25 U.S.A.		30 U.S.A.					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRADER, SUZANNE  
11295 IRA LANE  
LAKE WORTH FL 33467

81 Name	Donna Ward
82 Street Address (P.O. Box Number is Not Acceptable)	16281 E. Aqueduct Drive
83	
84 City	Loxahatchee
85 Zip Code	FL 33470

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 Donna Ward, Donna Ward DATE 4-25-97

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

(NOTE: Registered Agent signature required when relinquishing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President
NAME	FORGEY, LAUREEN	1.2 NAME	Donna Ward
STREET ADDRESS	11590 49TH STREET NORTH	1.3 STREET ADDRESS	16281 E. Aqueduct Drive
CITY-ST-ZIP	ROYAL PALM BEACH FL	1.4 CITY-ST-ZIP	Loxahatchee, FL 33470
TITLE	VP	2.1 TITLE	VP
NAME	WARD, DONNA	2.2 NAME	Laureen Forgey
STREET ADDRESS	16281 E. AQUADUCT DRIVE	2.3 STREET ADDRESS	11590 49th Street North
CITY-ST-ZIP	LOXAHATCHEE FL	2.4 CITY-ST-ZIP	Royal Palm Beach, FL 33411
TITLE	S	3.1 TITLE	Sec. Gail Newstein
NAME	LOUIS, KAREN	3.2 NAME	Gail Newstein
STREET ADDRESS	4840 126TH DRIVE NORTH	3.3 STREET ADDRESS	170 32 Shetland Lane
CITY-ST-ZIP	LOXAHATCHEE FL	3.4 CITY-ST-ZIP	Loxahatchee, FL 33470
TITLE	T	4.1 TITLE	Tres. Elizabeth Gerard
NAME	BRADER, SUZANNE	4.2 NAME	Elizabeth Gerard
STREET ADDRESS	11295 IRA LANE	4.3 STREET ADDRESS	4468 Global Trail
CITY-ST-ZIP	LAKE WORTH FL	4.4 CITY-ST-ZIP	Loxahatchee, FL 33470
TITLE	BMD	5.1 TITLE	
NAME	O'GRADY, CHRISTY	5.2 NAME	
STREET ADDRESS	13724 FARLEY ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL	5.4 CITY-ST-ZIP	
TITLE	BMD	6.1 TITLE	Board member
NAME	MCFEATERS, TAMMY	6.2 NAME	Karen Louis
STREET ADDRESS	14424 80TH LANE NORTH	6.3 STREET ADDRESS	4840 126th Drive North
CITY-ST-ZIP	LOXAHATCHEE FL	6.4 CITY-ST-ZIP	Royal Palm Beach, FL 33411

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: Donna Ward, Donna Ward DATE 4-22-97 561-746-0782

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 0044135

CR2E037 (9/96)