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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 # N27184

1. Corporation Name

CONCERNED HORSEMEN TRAILRIDERS OF PALM BEACH COUNTY, INC.

Principal Place of Business

16281 E. AQUADUCT DRIVE
LOXAHATCHEE FL 33470
US

Mailing Address

16281 E. AQUADUCT DR.
LOXAHATCHEE FL 33470
US

* 1 153261 3 90032 6 48 1 *



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 13678 87th ST N	26 13678 87th ST N	06/28/1988
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0402337
City & State	City & State	Applied For
23 Royal Palm Bch FL	28 Royal Palm Bch FL	Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 33412	29 33412	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country	Country	
25 USA	30 USA	

9. Name and Address of Current Registered Agent

WARD, DONNA
16281 E. EQUADUCT DRIVE
LOXAHATCHEE FL 33470

10. Name and Address of New Registered Agent

81 Name Linda Bell
82 Street Address (P.O. Box Number is Not Acceptable) 13678 87th ST N
83
84 City Royal Palm Bch FL 85 Zip Code 33412

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 Linda Bell Linda Bell 2/3/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	WARD, DONNA	1.2 NAME	Linda Bell
STREET ADDRESS	16281 E. EQUADUCT DR.	1.3 STREET ADDRESS	13678 87th ST N
CITY-ST-ZIP	LOXAHATCHEE FL	1.4 CITY-ST-ZIP	Royal Palm Bch FL 33412
TITLE	VP	2.1 TITLE	
NAME	FORGEY, LAUREEN	2.2 NAME	
STREET ADDRESS	11590 49TH STREET NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PLAM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	S
NAME	BATCHELER, JOYCE	3.2 NAME	Janice McCarty
STREET ADDRESS	760 E RD	3.3 STREET ADDRESS	17152 37th PL N
CITY-ST-ZIP	LOXAHATCHEE FL 33470	3.4 CITY-ST-ZIP	Loxahatchee, FL 33470
TITLE	T	4.1 TITLE	
NAME	GERARD, ELIZABETH	4.2 NAME	
STREET ADDRESS	4468 GLOBAL TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOXXAHATCHEE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	TAYLOR, SUE	5.2 NAME	
STREET ADDRESS	4900 MANGO BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	BAKER, CAROLYN	6.2 NAME	
STREET ADDRESS	4781 129TH AVE N	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Linda Bell SIGNATURE REQUIRED 2/3/99 (561) 795-3988
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)