


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90474 042 ****61.25

DOCUMENT # N27184 1. Entity Name CONCERNED HORSEMEN TRAILRIDERS OF PALM BEACH COUNTY, INC.					
Principal Place of Business 3176-161ST TERRACE N LOXAHATCHEE, FL 33470 US			Mailing Address P.O. BOX 210053 WEST PALM BEACH, FL 33421		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0402337	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HARRIS, REVA 3176 161ST TERRACE N LOXAHATCHEE, FL 33470				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE,</small>					
Filing Fee is \$61.25 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROBINSON, KIMBERLY 16821 72ND ROAD NORTH LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Robinson, Kimberly 16821 72nd Road North Lox. H. 33470
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP O'BRIEN, TANYA 14923 97TH RD WEST PALM BEACH, FL 33412	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	O'Brien Tanya (Board) 14923 97th Rd. W.P.B. FL 33412
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DIBIASE, BARBARA 1029 STAGNORN ST. WELLINGTON,	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Chris Deslatter 11701 Pintail Dr Wellington FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HARRIS, REVA 3176 161ST TERRACE N LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Anne Infante (Board) 3070 Frontier Av. Lake Worth FL 33467
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KULN, CAROL 18142 48TH AVE NRTH LOXAHATCHEE, FL 33470	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Anne Infante (Board) 3070 Frontier Av. Lake Worth FL 33467
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHMITT, HELMUT P.O. BOX 1460 ROYAL PALM BEACH, FL 33470	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Anne Infante (Board) 3070 Frontier Av. Lake Worth FL 33467
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

54053944



05042004 Chg-NP CR2E037 (10/03)

FL

Zip Code

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

☒ Change ☐ Addition

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May 2004 561 798-2725