

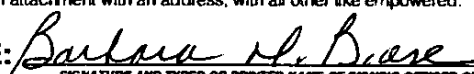


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90079 005 ****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 16821 72nd Rd N Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1053 Suite, Apt. #, etc.	
City & State Loxahatchee FL		City & State Loxahatchee FL	
Zip 33470	Country US	Zip 33470	Country US
4. FEI Number 65-0402337		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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 Kimberly Robinson Street Address (P.O. Box Number is Not Acceptable) 16821 72nd Road North City Loxahatchee FL Zip Code 33470	
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  Kimberly Robinson DATE 04/27/05 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VP	NAME ROBINSON, KIMBERLY	TITLE Treasurer	NAME Kimberly Robinson
STREET ADDRESS 16821 72ND ROAD NORTH	CITY-ST-ZIP LOXAHATCHEE, FL 33470	STREET ADDRESS 16821 72nd Road North	CITY-ST-ZIP Loxahatchee FL 33470
TITLE B	NAME O'BRIEN, TANYA	TITLE Vice President	NAME Tanya O'Brien
STREET ADDRESS 14923 97TH RD	CITY-ST-ZIP WEST PALM BEACH, FL 33412	STREET ADDRESS 1150 Staghorn St	CITY-ST-ZIP Loxahatchee FL 33470
TITLE P	NAME DIBIASE, BARBARA	TITLE Secretary	NAME Christy Hildebrand
STREET ADDRESS 1029 STAGHORN ST.	CITY-ST-ZIP WELLINGTON,	STREET ADDRESS 16824 71st Lane North	CITY-ST-ZIP Loxahatchee FL 33470
TITLE T	NAME HARRIS, REVA	TITLE Secretary	NAME Christy Hildebrand
STREET ADDRESS 3176 161ST TERRACE N	CITY-ST-ZIP LOXAHATCHEE, FL 33470	STREET ADDRESS 16824 71st Lane North	CITY-ST-ZIP Loxahatchee FL 33470
TITLE B	NAME INFANTE, ANNE	TITLE Secretary	NAME Christy Hildebrand
STREET ADDRESS 3070 FRONTIER DR	CITY-ST-ZIP LAKE WORTH, FL 33467	STREET ADDRESS 16824 71st Lane North	CITY-ST-ZIP Loxahatchee FL 33470
TITLE D	NAME SCHMITT, HELMUT	TITLE Secretary	NAME Christy Hildebrand
STREET ADDRESS P.O. BOX 1460	CITY-ST-ZIP ROYAL PALM BEACH, FL 33470	STREET ADDRESS 16824 71st Lane North	CITY-ST-ZIP Loxahatchee FL 33470
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: 		Date 4/6/05 Daytime Phone # 301-262-3950	