

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000003845 (5)**

1. Corporation Name

PALM BEACH COUNTY HORSE INDUSTRY COUNCIL, INC.



Principal Place of Business

**9040 BELVEDERE ROAD
SUITE 200
W PALM BEACH FL 33411**

Mailing Address

**9040 BELVEDERE ROAD
SUITE 200
W PALM BEACH FL 33411**

2. Principal Place of Business

2a. Mailing Address

21

26

10201 Lantana Rd.

3. Date Incorporated or Qualified
08/20/1993

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0435300

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

City & State

City & State

23

28

Lake Worth, FL

Zip

Country

Zip

Country

24

25

29

33467

30

Palm Beach

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARTIN, GERALD A ESQ.
9040 BELVEDERE ROAD
SUITE 200
W PALM BEACH FL 33411**

81 Name

Sue Drawdy

82 Street Address (P.O. Box Number is Not Acceptable)

10201 Lantana Rd.

83

84 City

Lake Worth,

FL

85 Zip Code

33467

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

Sue Drawdy, Treas.

Sue Drawdy, Treasurer

4/15/96

Signature, typed or printed name of registered agent, not applicable

(NOTE: Registered Agent signature necessary for all amendments)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **POMA, FRANK**
STREET ADDRESS **9040 BELVEDERE ROAD SUITE 200**
CITY-ST-ZIP **W PALM BEACH FL 33411**

TITLE ☐ DELETE
NAME **COFFMAN, DANIEL R**
STREET ADDRESS **8535 116TH TERRACE SOUTH**
CITY-ST-ZIP **BOYNTON BEACH FL 33496**

TITLE ☐ DELETE
NAME **LENNEP, JOHN VAN**
STREET ADDRESS **6888 SKY LINE DR.**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**T
Drawdy, Sue
5960 Michlar Dr.
Lake Worth, FL 33467**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Sue Drawdy, Treas.

Sue Drawdy, Treas. 4/15/96 407/965-8092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone

Daytime Phone

CR2E037 (12/95)