


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000003845 (5) 1. Corporation Name PALM BEACH COUNTY HORSE INDUSTRY COUNCIL, INC.					
Principal Place of Business			Mailing Address		
9040 BELVEDERE ROAD SUITE 200 W PALM BEACH FL 33411			10201 LANTANA RD SUITE 200 LAKE WORTH FL 33467-5402 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/20/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. Date of Last Report	
22		27		04/19/1996	
City & State		City & State		4. FEI Number	
23		28		65-0435300	
Zip		Country		Applied For	
24		25		Not Applicable	
29		30		5. Certificate of Status Desired	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
DRAWDY, SUE 10201 LANTANA RD SUITE 200 LAKE WORTH FL 33467		81 Name DRAWDY, Sue 82 Street Address (P.O. Box Number is Not Acceptable) 10201 LANTANA Rd 83 84 City LAKE WORTH FL 85 Zip Code 33467		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
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					
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	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POMA, FRANK		1.2 NAME		
STREET ADDRESS	9040 BELVEDERE ROAD SUITE 200		1.3 STREET ADDRESS		
CITY - ST - ZIP	W PALM BEACH FL 33411		1.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COFFMAN, DANIEL R		2.2 NAME		
STREET ADDRESS	8535 116TH TERRACE SOUTH		2.3 STREET ADDRESS		
CITY - ST - ZIP	BOYNTON BEACH FL 33496		2.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LENNEP, JOHN VAN		3.2 NAME		
STREET ADDRESS	6888 SKY LINE DR.		3.3 STREET ADDRESS		
CITY - ST - ZIP	DELRAY BEACH FL 33446		3.4 CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DRAWDY, SUE		4.2 NAME		
STREET ADDRESS	5960 MICHLAR DR		4.3 STREET ADDRESS		
CITY - ST - ZIP	LAKE WORTH FL		4.4 CITY - ST - ZIP	33467	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		
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: Sue Drawdy			3/20/97 564-439-6351 Date Daytime Phone # 0044131		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E037 (9/96)