FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

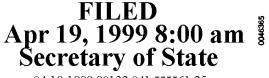
Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N93000003845

1. Corporation Name

DALM BEACH COUNTY HORSE INDUSTRY COUNCIL INC



04-19-1999 90132 041 ****61.25

| PALIVI DE | EACH COUNTY HOUSE IND | DOTATI GOORGIE, INC | • | | | | | | |
|---|---|--|------------------------|--------|---|--|-----------|-------------------|-----------|
| Principal Place of Business Mailing Address | | | | | | 1 | • | | |
| 10201 LANTAN LAKE WORTH US | A RD | 10201 LANTANA RD LAKE WORTH FL 33467 US | | | | | | | |
| Principal Place of Business 2a. Mailing Address | | | | | | 3. Date Incorporated or Qualifed | | | |
| 21 | 26 | Output And All and | | | 08/20/1993 4. FEI Number | | · · · | lied For | |
| Suite, Apt. : | #, etc. | Suite, Apt. #, etc. | | | 65-0435300 | | <u> </u> | Applicable . | |
| City & State | A CONTRACT OF THE STATE OF THE | 27 | | | - | | \$8.75 A | | |
| 23 | • | 28 | | | 5. Certifcate of Status Desired | | Fee Rec | uired | |
| Zip | Country Zip | | | ntry | | 6. Election Campaign Financing | | \$5.00 | vlay Be |
| 24 | 25 29 30 | | | | | Trust Fund Contribution | | Added to | Fees |
| | 9. Name and Address of Current | Registered Agent | | T | | 10. Name and Address of New R | egistered | Agent | |
| | | | | 81 | Name | | | | |
| DRAWDY, SUE 10201 LANTANA RD. | | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | RTH FL 33467 | | | 83 | | | | | |
| LAKE WO | MITTE COTO | | į | 84 | City | | | 85 Zip C | ode |
| | | | | | • | <u> </u> | FL | - l | |
| affice or re | to the provisions of Sections 617.0502 egistered agent, or both, in the State c m familiar with, and accept the obligati | or Florida. Such change was a cons of, Section 617.0503, Floring | utnonzed rida Statu | tes. | пе согротано | nn's board of directors. Thereby accep | · mo appo | intment as reg | istered |
| SIGNATURE | Signature, typed or printed name of registered agent | | | Agent | signature required | d when reinstating) ADDITIONS/CHANGES TO OFF | DATE | ND DIDECTO | DC IN 12 |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO OFF | TICERS A | Change | Addition |
| iiure (| D | ☐ DELETE | 1.1 π | | | | | o | |
| NAME { | STERN, GAIL C | | 1.2 NA | | ADDDESS | | | | |
| STREET ADDRESS | 14307 LAUREL WAY | | | | ADDRESS | | | | |
| CITY-ST-ZIP | WELLINGTON FL 33414 | ☐ DELETE | 1.4 CF 2.1 TF | | -212 | | | Change | Addition |
| TITLE | D COEEMANI DANIEL D | | | | | | | | |
| NAME | COFFMAN, DANIEL R 8535 116TH TERRACE SOUTH | | | | ADDRESS | | | | |
| STREET ADORESS | BOYNTON BEACH FL 33496 | | 2.4 C | | 1 | | | | |
| CITY-ST-ZIP TITLE | D | ☐ DELETE | 3.1 Til | | - | | -·. | ☐ Change | Addition |
| NAME | KEEHR; MARILYN *** | | 3.2 N | ME | | | | , | |
| STREET ADDRESS | 15530 42ND ST NO | | 3.3 \$1 | REET | ADDRESS | | - | | |
| CITY-ST-ZIP | LOXAHATCHEE FL 33470 | | 3.4. CI | TY-\$1 | r-ZIP | | | | |
| TITLE | T | ☐ DELETE | 4,1 7(| TLE | | | | Change | Addition |
| NAME | DRAWDY, SUE | | 4.2 N | | | • | | | |
| STREET ADDRESS | 5960 MICHLAR DR | | 4.3 ST | REET | ADDRESS | | | | |
| CITY-ST-ZIP | LAKE WORTH FL | | 4.4 CI | | -ZIP | | | Clobanas | Addition |
| ⊈TITLE | | ☐ DELETE | 5.1 TT | | | . • | | Change | ☐ WOOLOON |
| NAME | | | 5.2 N | | ADDDECO | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | - |
| CITY-ST-ZIP | | ☐ DELETE | 5.4 CI 6.1 TI | | · ZIP | | | ☐ Change | Addition |
| πιE | | ☐ DEFELF | 6.1 si | | ,] | | | C Sugary | |
| NAME | | | | | ADDRESS | | | | |
| STREET ADDRESS | | | 6.4 Ci | | į. | | | | |
| CITY-ST-ZIP | <u> </u> | | 0.4 Ci | 11-51 | -ur | | | -4if. that the in | £ |

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.