

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N94000005076 (4)**

1. Corporation Name  
**EQUESTRIAN AIDS FOUNDATION, INC.**



Principal Place of Business: 13368 POLO CLUB ROAD WEST, APT 203C, W PALM BEACH FL 33414, US  
Mailing Address: 13368 POLO CLUB ROAD WEST, APT 203C, W PALM BEACH FL 33414, US

3. Date Incorporated or Qualified: 10/11/1994  
3a. Date of Last Report: 04/14/1995

2. Principal Place of Business: 21 <sup>#E-14</sup> 13833 Wellington Trac  
Suite, Apt. #, etc.: Attn: Richard Paul  
City & State: Wellington FL  
Zip: 33414  
2a. Mailing Address: 26 C/O Richard Paul  
Suite, Apt. #, etc.:  
City & State: 27 13833 Wellington Trac <sup>#E14</sup>  
City & State: Wellington FL  
Zip: 29 33414  
Country: 30

4. FEI Number: 65-0546516  
Applied For: Not Applicable  
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

9. Name and Address of Current Registered Agent  
**DUFRESNE, DONALD P**  
112788 WEST FORET HILL BLVD, SUITE 2003  
W PALM BEACH FL 33414

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>PHELPS, MASON</b>	
STREET ADDRESS	13368 POLO CLUB RD WEST, APT 203C	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>DOVER, ROBERT</b>	
STREET ADDRESS	13368 POLO CLUB ROAD WEST, APT 203C	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>ROSS, ROBERT</b>	
STREET ADDRESS	13368 POLO CLUB ROAD WEST APT 203C	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: \_\_\_\_\_ DATE: 4/30/96 407- \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)