

FILE NOW: FILING FEE IS \$61.25

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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000005076 (4)
1. Corporation Name
EQUESTRIAN AIDS FOUNDATION, INC.



Principal Place of Business C/O PAULL RICHARD 13833 WELLINGTON TRACE #E-14 WELLINGTON FL 33414 US	Mailing Address C/O PAULL RICHARD 13833 WELLINGTON TRACE E-14 WELLINGTON FL 33414-8554 US
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3. Date Incorporated or Qualified 10/11/1994	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 65-0546516	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 **Richard J. Paull**
82 Street Address (P.O. Box Number is Not Acceptable)
13833 Wellington Trace #E-14
83
84 City **Wellington** FL 85 Zip Code **33414**

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 617.0504, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4-30-97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE Change	<input type="checkbox"/> Addition
NAME PHELPS, MASON		1.2 NAME	
STREET ADDRESS 13368 POLO CLUB RD WEST, APT 203C		1.3 STREET ADDRESS	
CITY-ST-ZIP W PALM BEACH FL		1.4 CITY-ST-ZIP Wellington, FL 33411	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE Change	<input checked="" type="checkbox"/> Addition
NAME DOVER, ROBERT		2.2 NAME	
STREET ADDRESS 13368 POLO CLUB ROAD WEST, APT 203C		2.3 STREET ADDRESS 13368 Maidstone St	
CITY-ST-ZIP W PALM BEACH FL		2.4 CITY-ST-ZIP Wellington, FL 33414	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE Change	<input type="checkbox"/> Addition
NAME ROSS, ROBERT		3.2 NAME	
STREET ADDRESS 13368 POLO CLUB ROAD WEST APT 203C		3.3 STREET ADDRESS 13368 Maidstone St	
CITY-ST-ZIP W PALM BEACH FL		3.4 CITY-ST-ZIP Wellington, FL 33414	
TITLE R	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME R. Peter Moss		4.2 NAME	
STREET ADDRESS 1201 Mt. Kemble Ave		4.3 STREET ADDRESS	
CITY-ST-ZIP Morris town, NJ 07960-6628		4.4 CITY-ST-ZIP	
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: *[Signature]* DATE: **4-30-97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)