

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000004344 (5) 1. Corporation Name TRIUMPHANT TROTTERS THERAPEUTIC EQUESTRIAN PROGR AM INC.			
Principal Place of Business 12184 CAPTAINS LANDING NORTH PALM BEACH FL 33408		Mailing Address P.O BOX 121 JUPITER FL 33468 US	
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 30	
3. Date Incorporated or Qualified 08/15/1996			
4. FEI Number 31-1496074			
Applied For 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			
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent COLLISTER, KATHLEEN M 1615 16TH LANE LAKE WORTH FL 33463		10. Name and Address of New Registered Agent 81 Name Jeff Jon 82 Street Address (P.O. Box Number is Not Acceptable) 12184 Captains Landing 83 84 City North Palm Beach FL 85 Zip Code 33408	
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] (NOTE: Registered Agent signature required when reappointing)			
12. OFFICERS AND DIRECTORS			
TITLE	D	NAME	COLLISTER, KATHLEEN M
STREET ADDRESS			1615 16TH LN
CITY-ST-ZIP			LAKE WORTH FL
TITLE	D	NAME	MORRISSETT, REBECCA
STREET ADDRESS			318 PALM TRAIL
CITY-ST-ZIP			DELRAY BEACH FL
TITLE	D	NAME	WEICHEL, JOHN A
STREET ADDRESS			11350 178TH RD NO.
CITY-ST-ZIP			JUPITER FL
TITLE	D	NAME	Chris Renaud Andersen
STREET ADDRESS			1408 Wynnewood Dr.
CITY-ST-ZIP			W. Palm Beach, FL 33417
TITLE	D	NAME	Cindy Myers
STREET ADDRESS			16180-126th TERR. No.
CITY-ST-ZIP			Jupiter, FL 33478
TITLE	D	NAME	Jeff Jon
STREET ADDRESS			12184 Captains Landing
CITY-ST-ZIP			North Palm Beach, FL 33408
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		1.2 NAME	
1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
2.1 TITLE		2.2 NAME	
2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
3.1 TITLE		3.2 NAME	
3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
4.1 TITLE		4.2 NAME	
4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
5.1 TITLE		5.2 NAME	
5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
6.1 TITLE		6.2 NAME	
6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

[Signature]

3/2/98 561-746-2356

CR2E037 (10/97)