


FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90070 028 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000001926					
1. Corporation Name EAST COAST QUARTER HORSE ASSOCIATION, INC.					
Principal Place of Business POST OFFICE BOX 1131 NEW SMYRNA BEACH FL 32170-1131			Mailing Address POST OFFICE BOX 1131 NEW SMYRNA BEACH FL 32170-1131		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/07/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3422185	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Election Campaign Financing <input type="checkbox"/>				\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FARRELL, JOANN 2797 NORDMAN AVE NEW SMYRNA BEACH FL 32168				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			
				85 Zip Code			

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							
TITLE	D PORTA, JENNIFER			<input checked="" type="checkbox"/> DELETE			
NAME	211 DALE STREET						
STREET ADDRESS	EDGEWATER FL 32132						
CITY-ST-ZIP							
TITLE	TD POWELL, OLIVER			<input type="checkbox"/> DELETE			
NAME	1626 MAGNOLIA AVE						
STREET ADDRESS	S DAYTONA FL 32119						
CITY-ST-ZIP							
TITLE	PD FARRELL, JOANN			<input type="checkbox"/> DELETE			
NAME	2797 NORDMAN AVE						
STREET ADDRESS	NEW SMYRNA BEACH FL 32168						
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							
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 checked="" type="checkbox"/> Addition			
1.2 NAME				Secretary			
1.3 STREET ADDRESS				GAY MORRIS			
1.4 CITY-ST-ZIP				1711 Juniper Dr.			
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 checked="" type="checkbox"/> Addition			
4.2 NAME				Director			
4.3 STREET ADDRESS				Trudy Moody			
4.4 CITY-ST-ZIP				2001 S. Glencoe Road			
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 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 817, 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.

SIGNATURE: *JOANN FARRELL* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 1-22-99 904-423-3667
 Date Daytime Phone #

CR2E037 (1/98)