


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000002239 1. Entity Name HORSES FOR THERAPEUTIC RIDING INC.		
Principal Place of Business 976 HYACINTH DRIVE DELRAY BEACH FL 33483		Mailing Address 976 HYACINTH DRIVE DELRAY BEACH FL 33483
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip
Country		Country



1st MOORE CR2E037 (10/05)

4. FEI Number **65-0747158** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent ZEITCHICK, STANLEY L 976 HYACINTH DRIVE DELRAY BEACH FL 33483	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ZEITCHICK, STANLEY S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	976 HYACINTH DRIVE	NAME	
STREET ADDRESS	DELRAY BEACH FL 33483	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
U00000414575 02/11/06-80044-007 61.25			
TITLE	VT CHALFIN, HOWARD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	3720 S. OCEAN BLVD.	NAME	
STREET ADDRESS	HIGHLAND BEACH FL 33487	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VT RICHARD, VICTOR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	4642 ADDISON ST	NAME	
STREET ADDRESS	BOCA RATON FL 33428	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VT WOLOWICZ, RAYMOND <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	1620 S OCEAN BLVD	NAME	
STREET ADDRESS	FORT LAUDERDALE FL 33062	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	_____ <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stanley L. Zeitchick* **STANLEY ZEITCHICK** ^{1/29/06} **561-330-0500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #