

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90083 001 \*\*\*\*61.25

DOCUMENT # N98000002729

1. Corporation Name

CENTER FOR HORSE ASSISTED PSYCHOTHERAPY AND STUD  
Y, INC.

Principal Place of Business

3511 WEST COMMERCIAL BOULEVARD  
FORT LAUDERDALE FL 33304

Mailing Address

3511 WEST COMMERCIAL BOULEVARD  
FORT LAUDERDALE FL 33304



2. Principal Place of Business

21 1625 N.E. 20 AVE.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Ft. Lauderdale, Fla.

28 City & State

Ft. Lauderdale, Fla.

24 Zip

33305

25 Country

USA

29 Zip

33305

30 Country

USA

3. Date Incorporated or Qualified

05/11/1998

4. FEI Number

65-0836327

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

9. Name and Address of Current Registered Agent

HRON, LINDA M  
3511 WEST COMMERCIAL BOULEVARD  
FORT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name HRON, LINDA M.

82 Street Address (P.O. Box Number is Not Acceptable)

83 1625 N.E. 20 AVE.

84 City Ft. Lauderdale

FL

85 Zip Code 33305

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

Linda M. Hron LINDA M. HRON M.S.W. PRESIDENT

JAN. 11, 1999

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  
NAME HRON, LINDA M M.S.W.  
STREET ADDRESS 3511 WEST COMMERCIAL BOULEVARD  
CITY-ST-ZIP FORT LAUDERDALE FL 33304

DELETE

TITLE D  
NAME OBRIG, PAIGE E  
STREET ADDRESS 3511 WEST COMMERCIAL BOULEVARD  
CITY-ST-ZIP FORT LAUDERDALE FL 33304

DELETE

TITLE D  
NAME HARGUS, JANET  
STREET ADDRESS 3511 WEST COMMERCIAL BOULEVARD  
CITY-ST-ZIP FORT LAUDERDALE FL 33304

DELETE

TITLE D  
NAME STAFERLEK, SHARON  
STREET ADDRESS 3511 WEST COMMERCIAL BOULEVARD  
CITY-ST-ZIP FORT LAUDERDALE FL 33304

DELETE

TITLE D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

PRESIDENT HRON LINDA M.S.W.  
1625 NE 20 AVE.  
Ft. Lauderdale, Fla. 33305

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

FORREST BLEDSE  
1. South Pine Island Rd. #207  
Plantation Florida 33324

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Dawn Beckering  
13260 Polo Club Rd. A103  
Wellington, Fla. 33414

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Linda M. Hron LINDA M. HRON M.S.W. PRESIDENT

JAN. 11, 1999

954-5684746

Date

Daytime Phone #

CR2E037 (11/98)