

**2004 NOT-FOR-PROFIT-CORPORATION
ANNUAL REPORT**

FILED

Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000002471

1. Entity Name
**PALM BEACH COUNTY EQUESTRIAN COMMISSION,
INC.**



Principal Place of Business
**222 LAKEVIEW AVENUE, STE 1200
WEST PALM BEACH, FL 33401**

Mailing Address
**PO BOX 5559
C/O FARM CREDIT
LAKE WORTH, FL 33466**



04252004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0920399

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RICE, DON
6450 ROCK CREEKE DR
LAKE WORTH, FL 33467**

**DO NOT WRITE
IN THIS SPACE**

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 obligation of registered agent.

SIGNATURE

Don Rice **treasure**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/04
DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000134856
04/28/04-80037-005 61.25

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	RICE, DON
STREET ADDRESS	P O BOX 5559
CITY-ST-ZIP	LAKE WORTH, FL 33466
TITLE	VC
NAME	GREENE, JAMES
STREET ADDRESS	2835 POLO ISLAND DR # H-101
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	C
NAME	MISCHE, GENE
STREET ADDRESS	144 40 PIERSON
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	PD
NAME	MCPHAIL, WALTER
STREET ADDRESS	10 CYPRESS GROVE LANE
CITY-ST-ZIP	LOXAHATCHEE, FL 33478
TITLE	S
NAME	PERIN, ELLIEHAL
STREET ADDRESS	1400 CENTRAL PARK BLVD.
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	VD
NAME	BOWMAN, DICK
STREET ADDRESS	16668 WINNERS CR
CITY-ST-ZIP	DELRAY BEACH, FL 33446

**DO NOT WRITE
IN THIS SPACE**

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Don Rice
Don Rice

4/25/04
Date

561 965 9001
Daytime Phone #