## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000002471

FILED Apr 29, 2005 Secretary of State

Entity Name: PALM BEACH COUNTY EQUESTRIAN COMMISSION, INC.

Current Principal Place of Business: New Principal Place of Business:

222 LAKEVIEW AVENUE, STE 1200 14440 PIERSON ROAD WEST PALM BEACH, FL 33401 WELLINGTON, FL 33414

Current Mailing Address: New Mailing Address:

PO BOX 5559 P. O. BOX 1331

FEI Number Applied For ( )

C/O FARM CREDIT LOXAHATCHEE, FL 33470

LAKE WORTH, FL 33466

FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RICE, DON WIRTZ, LINDA S ED T 6450 ROCK CREEKE DR 14440 PIERSON ROAD

LAKE WORTH, FL 33467 US WELLINGTON, FL 33470 US

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.

SIGNATURE: LINDA S. WIRTZ 04/29/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

FEI Number: 65-0920399

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: T ( ) Delete Title: T (X) Change ( ) Addition

Name: RICE, DON Name: WIRTZ, LINDA S

 Address:
 P O BOX 5559
 Address:
 14440 PIERSON ROAD

 City-St-Zip:
 LAKE WORTH, FL 33466
 City-St-Zip:
 WELLINGTON, FL 33470

Only of Zip. | Entitle \$100 (11), The 30400

Title: VC ( ) Delete Title: ( ) Change ( ) Addition Name: GREENE, JAMES Name:

 Address:
 2835 POLO ISLAND DR # H-101
 Address:

 City-St-Zip:
 WELLINGTON, FL 33414
 City-St-Zip:

 $\label{eq:title:C} {\sf Title:} \qquad {\sf C} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf C} \qquad {\sf (X) Change () Addition}$ 

 Name:
 MISCHE, GENE
 Name:
 MISCHE, GENE

 Address:
 144 40 PIERSON
 Address:
 14440 PIERSON ROAD

 City-St-Zip:
 WELLINGTON, FL 33414
 City-St-Zip:
 WELLINGTON, FL 33414

Title: PD () Delete Title: PD (X) Change () Addition

Name:MCPHAIL, WALTERName:MCPHAIL, WALTERAddress:10 CYPRESS GROVE LANEAddress:333 SOUTHERN BLVD #400City-St-Zip:LOXAHATCHEE, FL 33478City-St-Zip:WEST PALM BEACH, FL 33405

Title: S () Delete Title: S (X) Change () Addition

Name: PERIN, ELLIEHAL Name: HALPERIN, ELLIE

Address: 1400 CENTRAL PARK BLVD. Address: 1400 CENTRAL PARK BLVD.
City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: WEST PALM BEACH, FL 33401

Title: VD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 BOWMAN, DÌCK
 Name:

 Address:
 16668 WINNERS CR
 Address:

 City-St-Zip:
 DELRAY BEACH, FL 33446
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA S. WIRTZ ED T 04/29/2005