

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002471

FILED
May 16, 2008
Secretary of State

Entity Name: PALM BEACH COUNTY EQUESTRIAN COMMISSION, INC.

Current Principal Place of Business:

2515 BEDFORD MEWS DRIVE
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

2515 BEDFORD MEWS DRIVE
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 65-0920399 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WIRTZ, LINDA S ED T
2515 BEDFORD MEWS DRIVE
WELLINGTON, FL 33414 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: WIRTZ, LINDA S
Address: 2515 BEDFORD MEWS DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: VC () Delete
Name: GREENE, JAMES
Address: 2835 POLO ISLAND DR # H-101
City-St-Zip: WELLINGTON, FL 33414

Title: C () Delete
Name: MISCHKE, GENE
Address: 14440 PIERSON ROAD
City-St-Zip: WELLINGTON, FL 33414

Title: PD () Delete
Name: MCPHAIL, WALTER
Address: 333 SOUTHERN BLVD #400
City-St-Zip: WEST PALM BEACH, FL 33405

Title: S () Delete
Name: HALPERIN, ELLIE
Address: 1400 CENTRAL PARK BLVD.
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 WIRTZ

ED

05/16/2008

Electronic Signature of Signing Officer or Director

Date