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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **707075** (8)
1. Corporation Name
MIAMI OBEDIENCE CLUB INC

Principal Place of Business Mailing Address

TROPICAL PARK
7900 BIRD RD.
MIAMI FL 33172
US

TROPICAL PARK
7900 BIRD RD.
MIAMI FL 33172
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/30/1964** 3a. Date of Last Report **06/07/1994**

4. FEI Number **23-7125622** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 **9155 SW 124th Street** 26

22 Suite, Apt. #, etc. 27

23 City & State **Miami, FL** 28

24 Zip **33176** 25 Country **USA** 29 30

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under C. 199.002, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

SIMONSEN, LINDA
9155 S.W. 124TH ST.
MIAMI FL 33176

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when mandatory.

12. OFFICERS AND DIRECTORS

| | |
|-----------------|-------------------------------|
| TITLE | PD |
| NAME | SIMONSEN, LINDA |
| STREET ADDRESS | 9155 S.W. 124TH ST. |
| CITY - ST - ZIP | MIAMI FL 33176 |
| TITLE | D |
| NAME | CHAMBERS, ELIZABETH |
| STREET ADDRESS | 549 DESOTO DR. |
| CITY - ST - ZIP | MIAMI SPRINGS FL 33166 |
| TITLE | SVP |
| NAME | FERGUSON, ELLEN ROWE |
| STREET ADDRESS | 7761 SW 134 AVE. |
| CITY - ST - ZIP | MIAMI, FL 33183 |
| TITLE | T |
| NAME | MCALHANY, PATRICIA |
| STREET ADDRESS | 1740 WESTWARD DR. |
| CITY - ST - ZIP | MIAMI SPRINGS FL 33166 |
| TITLE | D |
| NAME | KLEIN, CAROL ANN |
| STREET ADDRESS | 534 NE 94TH ST. |
| CITY - ST - ZIP | MIAMI SHORES FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY - ST - ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY - ST - ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY - ST - ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 116.07(3)(k), 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.

SIGNATURE: Patricia McAlhany Patricia McAlhany 4/19/95 (305) 470-1610
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date Signature Number 1236