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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **712284**

1. Corporation Name
STUART-FORT PIERCE KENNEL CLUB, INC.

* 4 6 0 0 8 9 *
460089 - 90135 - 2

Principal Place of Business	Mailing Address
1756 42ND AVE. VERO BEACH FL 32960-2563	1756 42ND AVE. VERO BEACH FL 32960-2563

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/20/1967
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6160637 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SOULE, JOSEPHINE
1756 42ND AVENUE
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PRICE, PAMELA		1.2 NAME		
STREET ADDRESS	497 22ND PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BCH FL		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STEBBINS, BARBARA		2.2 NAME		
STREET ADDRESS	2271 S.W. ALMANSA AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PT ST LUCIE FL 34953		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KOTZEN, MARY		3.2 NAME		
STREET ADDRESS	370 NW TYLER AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PT ST LUCIE FL		3.4 CITY-ST-ZIP		
TITLE	~~D~~	☐ DELETE	4.1 TITLE	President-R. Sales	☐ Change ☐ Addition
NAME	SALES, RANDALL		4.2 NAME	866 35th Ave	
STREET ADDRESS	1166 28TH ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		4.4 CITY-ST-ZIP	Vero Beach FL 32960	
TITLE	P	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	MONTOROSSO, IRENE		5.2 NAME	Deborah KUMAS	
STREET ADDRESS	381 NW SHERBROOK AVE		5.3 STREET ADDRESS	23025 E. Shipping Rd	
CITY-ST-ZIP	PORT ST LUCIE FL		5.4 CITY-ST-ZIP	Ft St Lucie FL 34952	
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SOULE, JO		6.2 NAME		
STREET ADDRESS	1756 42ND AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BCH FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Josephine Soule SIGNATURE REQUIRED Josephine S Soule 4/27/99 561 562 5738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #