

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$295.**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 15 AM 10:29

DOCUMENT # 712696 (4)

1. Corporation Name
FLORIDA GULF COAST DACHSHUND, INC.

Principal Place of Business Mailing Address
FLORIDA GULF COAST DACHSHUND CLUB INC FLORIDA GULF COAST DACHSHUND CLUB INC
2705 NORWOOD LANE 2705 NORWOOD LANE
VENICE FL 34292 VENICE FL 34292

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/05/1967	3a. Date of Last Report 06/21/1994
4. FEI Number 59-1734632	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

9. Name and Address of Current Registered Agent

**CASTORAL, MARY
2705 NORWOOD LANE
VENICE FL 34292**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	THOMAS, IDA
STREET ADDRESS	PO BOX 1212 HWY 301 NA
CITY - ST - ZIP	SARASOTA, FL 00000
TITLE	D
NAME	HALL, JUDY
STREET ADDRESS	3040 VENICE AVE., E.
CITY - ST - ZIP	VENICE FL
TITLE	D
NAME	RINALDI, JUDY
STREET ADDRESS	1256 ALHAMBRA CT.
CITY - ST - ZIP	PALM HARBOR FL
TITLE	VD
NAME	PAULE, HELGA
STREET ADDRESS	10395 SAN MARTIN BLVD.
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	D
NAME	CASTORAL, MARY
STREET ADDRESS	2705 NORWOOD LANE
CITY - ST - ZIP	VENICE FL
TITLE	P
NAME	STEFFENS, WANDA
STREET ADDRESS	2515 55TH AVENUE, EAST
CITY - ST - ZIP	BRADENTON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MARY CASTORAL	
13 STREET ADDRESS	2705 NORWOOD LANE	
14 CITY - ST - ZIP	VENICE FL 34292	
21 TITLE	PREG	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	IDA THOMAS	
23 STREET ADDRESS	P.O. Box 1212 Hwy 301 NA	
24 CITY - ST - ZIP	SARASOTA, FL	
31 TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	HEIGA PAULE	
33 STREET ADDRESS	10395 SAN MARTIN BLVD	
34 CITY - ST - ZIP	ST. PETERSBURG, FL	
41 TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	JUDY HALL	
43 STREET ADDRESS	3040 VENICE AVE. E.	
44 CITY - ST - ZIP	VENICE, FL	
51 TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	JUDY RINALDI	
53 STREET ADDRESS	1256 ALHAMBRA CT.	
54 CITY - ST - ZIP	PALM HARBOR, FL	
61 TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	WANDA STEFFENS	
63 STREET ADDRESS	2515 55TH AVE. E.	
64 CITY - ST - ZIP	BRADENTON, FL	

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 119.07(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: Mary Castoral MARY CASTORAL Date: 6-13-95 813-4886165

CF2E037 (3/95)