

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **712696** (4)
1. Corporation Name

FLORIDA GULF COAST DACHSHUND, INC.



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

| | | | | | |
|---|-----------------|---------------------|------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 05/05/1967 | 3a. Date of Last Report 06/16/1995 |
| 21 Suite, Apt. #, etc. | 22 City & State | 23 Zip | 24 Country | 4. FEI Number 59-1734632 | Applied For <input type="checkbox"/> Not Applicable |
| 25 | 26 | 27 | 28 | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 29 | 30 | 31 | 32 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 9. Name and Address of Current Registered Agent | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | |
|---|--|--|--|---|-----------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| CASTORAL, MARY 2705 NORWOOD LANE VENICE FL 34292 | | | | 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THOMAS, IDA | 1.2 NAME | |
| STREET ADDRESS | PO BOX 1212 HWY 301 NA | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA, FL 00000 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HALL, JUDY | 2.2 NAME | |
| STREET ADDRESS | 3040 VENICE AVE., E. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | VENICE FL | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RINALDI, JUDY | 3.2 NAME | |
| STREET ADDRESS | 1256 ALHAMBRA CT. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM HARBOR FL | 3.4 CITY-ST-ZIP | |
| TITLE | VD <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PAULE, HELGA | 4.2 NAME | DIRECTOR PAULE HELGA |
| STREET ADDRESS | 10395 SAN MARTIN BLVD. | 4.3 STREET ADDRESS | 10395 SAN MARTIN BLVD |
| CITY-ST-ZIP | ST. PETERSBURG FL | 4.4 CITY-ST-ZIP | ST. PETERSBURG, FL. |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CASTORAL, MARY | 5.2 NAME | VICE PRESIDENT CASTORAL MARY |
| STREET ADDRESS | 2705 NORWOOD LANE | 5.3 STREET ADDRESS | 2705 NORWOOD LANE |
| CITY-ST-ZIP | VENICE FL | 5.4 CITY-ST-ZIP | VENICE, FL. 34292 |
| TITLE | P <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEFFENS, WANDA | 6.2 NAME | |
| STREET ADDRESS | 2515 55TH AVENUE, EAST | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | BRADENTON FL | 6.4 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 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: 2/26/96 Daytime Phone #: 941-488-6165

CR2E037 (12/95)