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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 712696

(4)

FLORIDA GULF COAST DACHSHUND, INC.

2705 NORWOOD LANE VENICE FL 34292  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named core or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's tramiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title of applicable.  NOTE Registered Agent signature registered Agent and IIIs.  OFFICERS AND DIRECTORS  13.  TITLE  P  THOMAS, IDA  STREET ADDRESS  PO BOX 1212 HWY 301 NA  13 STREET ADDRESS  CITY-S1-ZIP  SARASOTA, FL 00000	3. Date Incorporated or Qualified 05/05/1967 06/16/1995  4. FEI Number Applied For Not Applied
VENICE FL 34292  2. Principal Place of Business 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 25 29 30  9. Name and Address of Current Registered Agent  CASTORAL, MARY 2705 NORWOOD LANE VENICE FL 34292  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named cor or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's tramiliar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE Signature, typed or prefict name of registered agent and life; if agrid-actic  OFFICERS AND DIRECTORS  13. TITLE P THOMAS, IDA SIREET ADDRESS CITY-S1-ZIP SARASOTA, FL 00000  DELETE 14 CITY-S1-ZIP PARASOTA, FL 00000	Composition
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Zip  Zip  Country  Zip  Suite, Apt. #, etc.  Zip  Country  Zip  Suite, Apt. #, etc.  City & State  City & State  Zip  Country  Zip  Suite, Apt. #, etc.  Zip  Country  Zip  Country  Zip  Suite, Apt. #, etc.  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Suite, Apt. #, etc.  Zip  Country  B1 Name  82 Street A  Street A  City  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named cor or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's transliar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and lifted applicable  Signature, typed or printed name of registered agent and lifted applicable  NOTE Projectered Agent signature results.  SIGNATURE  Signature, typed or printed name of registered agent and lifted applicable  NOTE Projectered Agent signature results.  12. OFFICERS AND DIRECTORS  13.  TITLE  P  MME  THOMAS, IDA  13 SIRRET ADDRESS  CITY-SI-ZIP  SARASOTA, FL 000000	5. Certificate of Status Desired \$8.75 Additional Fee Required  6. Election Campaign Financing Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No  10. Name and Address of New Registered Agent  Richess (P.O. Box Number is Not Acceptable)  FL 85 Zip Code  poration submits this statement for the purpose of changing its registered agent. I am a control of directors. I hereby accept the appointment as registered agent. I am a control of the purpose of changing its registered agent. I am a control of directors. I hereby accept the appointment as registered agent. I am a control of directors. I hereby accept the appointment as registered agent. I am a control of directors. I hereby accept the appointment as registered agent. I am a control of the purpose of changing its registered agent. I am a control of directors. I hereby accept the appointment as registered agent. I am a control of the purpose of changing its registered agent. I am a control of the purpose of changing its registered agent. I am a control of the purpose of changing its registered agent. I am a control of the purpose of changing its registered agent. I am a control of the purpose of changing its registered agent. I am a control of the purpose of changing its registered agent. I am a control of the purpose of changing its registered agent. I am a control of the purpose of changing its registered agent. I am a control of the purpose of changing its registered agent. I am a control of the purpose of changing its registered agent. I am a control of the purpose of changing its registered agent.
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TITLE D DELETE 2.1 TITLE	Change Addition
NAME HALL, JUDY 22 NAME	
STREET ADDRESS 3040 VENICE AVE., E. 23 STREET ADDRESS	
CITY-ST-ZIP VENICE FL 2 4 CITY-ST-ZIP	
TITLE D DELETE 31 TITLE	☐ Change ☐ Addition
NAME RINALDI, JUDY 32 NAME	
STREET ADDRESS 1256 ALHAMBRA CT. 33 STREET ADDRESS	
DITY-ST-ZIP PALM HARBOR FL 34-DITY-ST-ZIP	OLRECTOR Change Addition
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CITY-ST-ZIP ST. PETERSBURG FL 44 CITY-ST-ZIP  TITLE D D D DELETE 51 TITLE	ST. PETERS BURG F1.  VICE PRESIDENT AChange Addition
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OASTOTAL, MATT	CASTORAL MARY 2705 NORWOOD LANE
STREET PROBLESS	VENICE F1. 34292
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NAME STEFFENS, WANDA 62 NAME	
STREET ADDRESS 2515 55TH AVENUE, EAST 63 STREET ADDRESS	
PRACEITABLE STATE BOADENTON CI	<u></u>
BHAUENTUN FL     14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not que certify that the information indicated on this annual report or supplemental annual report is true and account of the supplemental annual report is true annual report is true and account of the supplemental annual report is true annual r	rfy for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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