


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 10 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 712696 (4)

1. Corporation Name
FLORIDA GULF COAST DACHSHUND, INC.



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|---|--|
| 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 34292-2414 |
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| | |
|---|--|
| 3. Date Incorporated or Qualified 05/05/1967 | 3a. Date of Last Report 03/07/1996 |
| 4. FEI Number 59-1734632 | Applied For <input type="checkbox"/> 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 |
| 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 21 2705 NORWOOD LANE | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 | 29 |
| 25 | 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 MARY CASTORAL Mary Castoral 4/10/97

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

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | THOMAS, IDA | |
| STREET ADDRESS | PO BOX 1212 HWY 301 NA | |
| CITY-ST-ZIP | SARASOTA, FL 00000 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | HALL, JUDY | |
| STREET ADDRESS | 3040 VENICE AVE., E. | |
| CITY-ST-ZIP | VENICE FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | RINALDI, JUDY | |
| STREET ADDRESS | 1256 ALHAMBRA CT. | |
| CITY-ST-ZIP | PALM HARBOR FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HELGA, DAVE | |
| STREET ADDRESS | 10395 SAN MARTIN BLVD | |
| CITY-ST-ZIP | ST. PETERSBURG FL | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | CASTORAL, MARY | |
| STREET ADDRESS | 2705 NORWOOD LANE | |
| CITY-ST-ZIP | VENICE FL | |
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | STEFFENS, WANDA | |
| STREET ADDRESS | 2515 55TH AVENUE, EAST | |
| CITY-ST-ZIP | BRADENTON FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-------------------------------|--|
| 1.1 TITLE | DAN STOLZ | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | PRESIDENT | |
| 1.3 STREET ADDRESS | 1184 MARY JANE LANE | |
| 1.4 CITY-ST-ZIP | DUNEDIN, FL 33508 | |
| 2.1 TITLE | YVON MCCALLISTER | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | 4705 8th STREET | |
| 2.3 STREET ADDRESS | ELLINGTON, FL 34222 | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | TREASURER | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | LUCY GRANOWIEZ | |
| 3.3 STREET ADDRESS | 1409 HOUNDS HOLLOW CT. | |
| 3.4 CITY-ST-ZIP | 20121 FL 33549 | |
| 4.1 TITLE | (D) FRANK CASTORAL | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | 2705 NORWOOD LANE | |
| 4.3 STREET ADDRESS | VENICE, FL 34292 | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | (D) MARY CASTORAL | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | 2705 NORWOOD LANE | |
| 5.3 STREET ADDRESS | VENICE, FL 34292 | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | (D) BARBARA PUBLISKY | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | 7345 Pine needle Road | |
| 6.3 STREET ADDRESS | Sarasota, FL 34240 | |
| 6.4 CITY-ST-ZIP | | |

14. I do 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.

SIGNATURE M. Steffens M. Steffens 4/10/97

CR2E037 (9/96)