NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 712696

1. Corporation Name

FLORIDA GULF COAST DACHSHUND, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

2a. Mailing Address

Suito Ant # oto

26

FLORIDA GULF COAST DACHSHUND CLUB INC 2705 NORWOOD LANE VENICE FL 34292

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FILED
Apr 21, 1999 8:00 am §
Secretary of State

04-21-1999 90181 004 ****61.25

	8 (82) 8 (8) 8 (8)	

Applied For

3. Date Incorporated or Qualifed

05/05/1967

4. FEI Number

Suite, Apt.	#, BIC.	Vuii	.σ, Αρι. π, οιυ.				. [EO 4704000		- 			
22	· .	27			· · · · · · · · · · · · · · · · · · ·			59-1734632			Applicable		
City & State City & State								5. Certificate of Status Desired		\$8.75 A			
3 28											<u>'</u>		
Zip	Country	Zip	Zip Cout						g 🗆	\$5.00 N			
24 25 29 30					Trust Fund Contribution					Added to	Fees		
		10. Name and Address of New Registered Agent											
					81	Name	e						
CASTORAL, MARY					82	Street A	et Address (P.O. Box Number is Not Acceptable)						
2705 NORWOOD LANE													
VENICE FL 34292						83							
VEIGOE I	-	84 City 85 Zip Code											
BOAR OF CALL WE BARD TO						-	FL						
11. Pursuant	to the provisions of Sections 617.0502 agistered agent, or both, in the State of	and 617.15 Florida, Si	508, Florida Statute:	s, the at	ove hv t	-named : he como	corpora oration:	ition submits this statement for the board of directors. I hereby acc	ne purpose of a sept the appoir	cnanging its r ntment as reg	istered		
agent. I a	n familiar with, and accept the obligatio	ns of, Sec	tion 617.0503, Flori	da Statu	ites.	110 001 pc	0,010,			· · · · -	-		
SIGNATURE	• • •												
010117110112	Signature, typed or printed name of registered agent a	nd title if applic	cable. (NOTE: f		Agent	signature n	required w	herr reinstating)	DATE	D DIDECTOR	30 IN 40		
12.	OFFICERS AND	DIRECTO		13.				ADDITIONS/CHANGES TO C	DEFICERS AN	Change	Addition		
TITLE	P DELETE			1.1 111	ΊE					☐ Change	Addition		
NAME	NAME STOLZ, DAN				12 NAME								
STREET ADDRESS	1184 MARY JANE LANE			1.3 ST	1.3 STREET ADDRESS								
CITY-ST-ZIP	Y-ST-ZIP DUNEDIN FL				TY-ST	-ZIP		3					
TITLE	VP			2.1 TIT	LE		1/2	9 0 1 -		Change	☐ Addition		
NAME	MCCALLISTER, ED			2.2 NA	ME		14	Elga PAULE	OTIN.	Bluo			
STREET ADDRESS	ATTAC MODINGOD IN			·2.3 ST	21 TITLE 22 NAME 23 STREET ADDRESS 103 95 SAN MARTIN BIUD								
CITY-ST-ZIP	VENICE FL 34292			2. 4 CF	TY-ST	r-zip	3	T PETERS BURG	<i>)- /</i>				
TITLE	T		DELETE	3.1 TIT	ILE	â	7	BARBARA E	BITTLE	Change	Addition		
NAME	GRANOWICZ, LUCY			3.2 NA	ME	ì	9	1355 BOOTS	ST		ļ		
STREET ADDRESS 1409 HOUNDS HOLLOW CT			3.3 ST		TREET ADDRESS PUNTAGORD		7. FI		į				
CITY-ST-ZIP	LUTZ FL			3.4. CI	TY-ST	r-ZIP	"	0 10 1 A G 0 = = .					
TITLE	D		DELETE	4.1 TTT	J.E					Change	☐ Addition		
NAME	MCCLEAN, MARGARET			4. 2 N	AME								
STREET ADDRESS	34024 CHANCEY RD			4.3 ST	REET	ADDRESS							
CITY-ST-ZIP	ZEPHRHILLS FL			4.4 ¢∏	ry-st	-ZIP							
TITLE			5.1 TIT	5.1 TITLE		10	1330 PONCE	lister	Change	Addition			
NAME	DAVIDS, RICHARD			5.2 NA	ME			1220 Paules	De L	eon BI	מט		
STREET ADDRESS 5710 KENWOOD AVE			5.3 STREET ADDRESS			1380 FONCE		-					
CITY-ST-ZIP NEW PORT RICHEY FL 5.40					TY-ST	-ZIP		CLEARWATER	7, -7,				
TITLE	D		Ø DELETE	6.1 ₹∏	n.E		D	0	0	Change	☐ Addition		
NAME	DUBISKY, BARBARA		-	6.2 NA	ME			BARBARA Du 2345 PINE	15,731	< Y			
CTDECT ANDOECO	7345 PINE NEEDLE RD					ADDRESS		2345 PINEI	VERDIE	es De			
CITY-ST. 7IP	SARASOTA FL			6.4 C/I	TY-ST	-ZIP	_ ا	SARAGOTA.	J.L.				
14 I boroby	portify that the information cumplied with	mntic	on stated	d in Sec	tion 119 07(3)(i) Florida Statute	s I further cer	tify that the in	formation ·					

indicated on this annual report or supplied with his hing does not quality for the exemption stated in Section 19.07(3)(i), Fronta 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: