

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 10 PM 1:50

DOCUMENT # 714515 (4)
1. Corporation Name
SHETLAND SHEEPDOG CLUB OF SOUTHEAST FLORIDA, INC

Principal Place of Business Mailing Address
650 LAKE DASIA CIRCLE PLANTATION FL 33324 **650 LAKE DASIA CIRCLE PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/26/1968	3a. Date of Last Report 04/07/1994
4. FEI Number 59-6195023	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"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 17941 SW 50 CT. Suite, Apt. #, etc.	2a. Mailing Address 26 17941 SW 50 CT. Suite, Apt. #, etc.
22 City & State 23 Ft. Lauderdale, FL	27 City & State 28 Ft. Lauderdale, FL
24 Zip 33331 Country U.S.A.	29 Zip 33331 Country U.S.A.

9. Name and Address of Current Registered Agent
GREENBERG, BERNICE
650 LAKE DASIA CIRCLE
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name **Jana Thomas**
82 Street Address (P.O. Box Number is Not Acceptable)
8831 NW 14 St.
83
84 City **Pembroke Pines** **FL** 85 Zip Code **33024**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Jana Thomas SANA THOMAS - Treasurer 4/3/95
(Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOUCHINS, JENNIFER
STREET ADDRESS	17941 SW 50 CT
CITY - ST - ZIP	FT LAUDERDALE FL 33331
TITLE	VD
NAME	HIGGINS, JOHN
STREET ADDRESS	6047 SW 20 TERR
CITY - ST - ZIP	FT LAUDERDALE FL 33312
TITLE	T
NAME	KESSLER, COLLEEN
STREET ADDRESS	991 5167 STREET
CITY - ST - ZIP	FT LAUDERDALE FL 33315
TITLE	SD
NAME	PAGE, TERESA
STREET ADDRESS	5500 GW 128 AVE
CITY - ST - ZIP	FT LAUDERDALE FL 33326
TITLE	D
NAME	PETERS, BILL
STREET ADDRESS	PO BOX 924304 N/A
CITY - ST - ZIP	HOMESTEAD FL 33092
TITLE	D
NAME	LANNON, FRANK
STREET ADDRESS	449 SAN FERNANDO DR
CITY - ST - ZIP	PALM SPRINGS FL 33461

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jill Stiriz
2.3 STREET ADDRESS	5547 NW 199 Terr.
2.4 CITY - ST - ZIP	Miami, FL 33055
3.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jana Thomas
3.3 STREET ADDRESS	8831 NW 14 St.
3.4 CITY - ST - ZIP	Pembroke Pines, FL 33024
4.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Mary Ann Lannon
4.3 STREET ADDRESS	449 San Fernando Dr.
4.4 CITY - ST - ZIP	Palm Springs, FL 33461
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Karen Reineri
5.3 STREET ADDRESS	12050 NW 18 St.
5.4 CITY - ST - ZIP	Plantation, FL 33323
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jana Thomas SANA THOMAS 4/3/95 (305) 2436 6551
(Typed name and typed or printed name of signing officer or director) (Date)