

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



Principal Place of Business: 17941 SW 50 CT, FT LAUDERDALE FL 33331 US
Mailing Address: 17941 SW 50 CT, FT LAUDERDALE FL 33331 US

3. Date Incorporated or Qualified: 04/26/1968
3a. Date of Last Report: 04/10/1995
4. FEI Number: 59-6195023
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
22. Suite, Apt. #, etc.: 27
23. City & State: 28
24. Zip: 25
Country: 29
30

9. Name and Address of Current Registered Agent
THOMAS, JANA
8831 NW 14 ST
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: Jana Thomas - Treasurer DATE: 3/2/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-issuing)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOUCHINS, JENNIFER	
STREET ADDRESS	17941 SW 50 CT	
CITY-ST-ZIP	FT LAUDERDALE FL 33331	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STIRIZ, JILL	
STREET ADDRESS	5547 NW 199 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	I	<input type="checkbox"/> DELETE
NAME	THOMAS, JANA	
STREET ADDRESS	8831 NW 14 ST	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LANNON, MARY ANN	
STREET ADDRESS	449 SAN FERNANDO DR	
CITY-ST-ZIP	PALM SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REINER, KAREN	
STREET ADDRESS	12050 NW 18 ST	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> DELETE
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Colleen Kessler	
1.3 STREET ADDRESS	991 SW 31 ST	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33315	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jennifer Houchins	
2.3 STREET ADDRESS	17941 SW 50 CT	
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33331	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	John Higgins	
5.3 STREET ADDRESS	5047 SW 29 Terr.	
5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33312	
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 617, 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 JANA THOMAS DATE: 3/2/96 (954) 436-6551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E037 (12/95)