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Apr 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business Mailing Address
17941 SW 50 CT FT LAUDERDALE FL 33331 US
17941 SW 50 CT FT LAUDERDALE FL 33331-1019 US

3. Date Incorporated or Qualified 04/26/1968
3a. Date of Last Report 03/07/1996

2. Principal Place of Business 2a. Mailing Address
21 991 S.W. 31 ST, Suite, Apt. #, etc. 26 991 SW 31 ST Suite, Apt. #, etc.
22 City & State 27 City & State
23 Fort Lauderdale, FL 28 Fort Lauderdale, FL
24 33315 25 Broward 29 33315 30 US
2. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 Colleen Kessler
82 Street Address (P.O. Box Number is Not Acceptable) 991 SW 31 ST.
83
84 City Fort Lauderdale FL 85 Zip Code 33315

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 Colleen Kessler DATE 4-10-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KESSLER, COLLEEN	
STREET ADDRESS	991 SW 31ST STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HOUCHINS, JENNIFER	
STREET ADDRESS	17941 SW 50TH COURT	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, JANA	
STREET ADDRESS	8831 NW 14 ST	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LANNON, MARY-ANN	
STREET ADDRESS	449 SAN FERNANDO DR	
CITY-ST-ZIP	PALM SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HIGGINS, JOHN	
STREET ADDRESS	5047 SW 29TH TERRACE	
CITY-ST-ZIP	FT. LAUDERDALE 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	CHRISTY CLARK	
1.3 STREET ADDRESS	8360 RUN FORD	
1.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FRANK LANNON	
2.3 STREET ADDRESS	449 SAN FERNANDO DR.	
2.4 CITY-ST-ZIP	PALM SPRINGS, FL 33461	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Colleen Kessler	
3.3 STREET ADDRESS	991 SW 31 Street	
3.4 CITY-ST-ZIP	FL, Lauderdale, FL, 33315	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KAREN REINER	
4.3 STREET ADDRESS	2083 SW 72 AVE	
4.4 CITY-ST-ZIP	DAVE, FL, 33317 33317	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PAUL ZARYCZNY	
5.3 STREET ADDRESS	2600 NE 18 ST.	
5.4 CITY-ST-ZIP	FL, Lauderdale, FL, 33305	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	JENNIFER HOUCHINS	
6.3 STREET ADDRESS	17941 SW 50 CT.	
6.4 CITY-ST-ZIP	FL, Lauderdale, FL, 33331	

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: Colleen Kessler DATE 4-10-97 (954) 463-4710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0037569

CR2E037 (9/96)