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NONPROFIT CORPORATION ANNUAL REPORT 1999

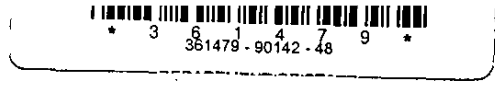


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 714515

1. Corporation Name

SHETLAND SHEEPDOG CLUB OF SOUTHEAST FLORIDA, INC



Principal Place of Business

991 SW 31ST STREET
 FT LAUDERDALE FL 33315
 US

Mailing Address

991 SW 31ST STREET
 FT LAUDERDALE FL 33315
 US



2. Principal Place of Business

21 8360 Runford Drive

2a. Mailing Address

26 8360 Runford Drive

3. Date Incorporated or Qualified

04/26/1968

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
 59-6195023

Applied For
 Not Applicable

City & State

23 Boynton Beach, FL

City & State

28 Boynton Beach, FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

24 33437

Country

25 US

Zip

29 33437

Country

30 US

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

KESSLER, COLLEEN
 991 SW 31ST STREET
 FT LAUDERDALE FL 33315

10. Name and Address of New Registered Agent

81 Name
 Christy Clark

82 Street Address (P.O. Box Number is Not Acceptable)
 8360 Runford Drive

83

84 City
 Boynton Beach

FL

85 Zip Code
 33437

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

Christy Clark Treasurer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLARK, CHRISTY	
STREET ADDRESS	8360 RUNFORD	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LANNON, FRANK	
STREET ADDRESS	449 SAN FERNANDO DRIVE	
CITY-ST-ZIP	PALM SPRINGS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KESSLER, COLLEEN	
STREET ADDRESS	991 SW 31ST STREET	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PRITCHARD, DIONE	
STREET ADDRESS	2430 BRICKELL AVE. #108A	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZARYCZNY, PAUL	
STREET ADDRESS	2600 NE 18TH STREET	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOUCHINS, JENNIFER	
STREET ADDRESS	17941 SW 50TH COURT	
CITY-ST-ZIP	FT LAUDERDALE FL	

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	Lannon, Frank	
1.3 STREET ADDRESS	449 San Fernando Drive	
1.4 CITY-ST-ZIP	Palm Spring, FL	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Houchins, Jennifer	
2.3 STREET ADDRESS	17941 SW 50th Court	
2.4 CITY-ST-ZIP	Ft Lauderdale, FL	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Christy Clark	
3.3 STREET ADDRESS	8360 Runford Drive	
3.4 CITY-ST-ZIP	Boynton Beach, FL 33437	
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	Karen Salvage	
5.3 STREET ADDRESS	5030 SW 201 Terrace	
5.4 CITY-ST-ZIP	Ft Lauderdale, FL 33332	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Hector Hector	
6.3 STREET ADDRESS	9009 NW 152 Lane	
6.4 CITY-ST-ZIP	Miami, FL 33016	

14. I 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, with all other like empowered.

SIGNATURE:

Christy Clark Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/12/99

DAYTIME PHONE #

954-769-2249

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