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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #1. Corporation Name 719678

(5)

NORTH FLORIDA	AMATFIIR	RETRIEVER	CHIB.	INC.
NUNTH LUNIUM	MINITED IN		OLUD	1110.

Mailing Address Principal Place of Business ROUTE 7. BOX 905 ROUTE 7. BOX 905 TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 3. Date Incorporated or Qualified 3a. Date of Last Report 11/12/1970 06/23/1995 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business NOT APPLICABLE Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing \Box Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) JOHNSON, RICHARD H 82 ROUTE 7, BOX 905 83 TALLAHASSEE FL 32303 Zip Code 84 City 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE ☐ Change Addition 1.1 TITLE TITLE 1.2 NAME NAME Johnson, Richard H RT. 7, BOX 905 1.3 STREET ADDRESS STREET ADORESS TALLAHASSEE FL 32308 1.4 CITY - ST - ZIP CITY-ST-ZIP K Change Addition TITLE MOELETE 21 TITLE VPD Talley, Jeffery J NAME TALLEY, JEFFREY J 2 2 NAME 2 3 STREET ADDRESS STREET ADDRESS 6427 DANCERS IMAGE TRACE 2 4 CITY - ST - ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 Addition DELETE Change 3.1 TiTLE TITLE SD 3.2 NAME JOHNSON, JEAN NAME 3.3 STREET ADDRESS STREET ADDRESS ROUTE 7. BOX 905 TALLAHASSEE FL 32308 34. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 41 TITLE TITLE TD 4 2 NAME NAME HULSE, DAVID JR. 12567 N. Meridian Road Tallahassee, FL 32312 2368 MERRIGAN PLACE 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP TALLAHASSEE FL 32308 CITY-ST-ZIP Addition DELÉTE ☐ Change TITLE 5.1 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6 1 THILE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 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 of 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 13 if changes, on an attachment with an address. aler

SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-96 (904) 222-3700

Daytime Proce #

(12/95)**CR2E037**