FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 724548 (3)

1. Corporation Name

JUPITER/TEQUESTA DOG CLUB, INC.

Principal Place of Business	Mailing Address
PO BOX 304 JUPITER FL 33468-0304 US	PO BOX 304 JUPITER FL 33468-0304 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/16/1972
3a. Date of Last Report: 06/13/1994
4. FEI Number: 59-1740663 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GORDON, AMY
3749 VICTORIA DR.
WEST PALM BCH FL 33406

10. Name and Address of New Registered Agent

81 Name: Lang, Barbara
82 Street Address (P.O. Box Number Is Not Acceptable): 1 S.E. Jupiter River Dr.
83
84 City: Jupiter FL 85 Zip Code: 33458

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: Barbara Lang, Treasurer Barbara Lang
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	President	☒ Change ☐ Addition
NAME	MILLER, CAROLE	1.2 NAME	Hatfield, Mary E.	
STREET ADDRESS	1020 PINE PT DR.	1.3 STREET ADDRESS	6800 Patricia Dr.	
CITY-ST-ZIP	SINGER ISLAND FL	1.4 CITY-ST-ZIP	West Plm Bch. Fl 33413	
TITLE	VP	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	HATFIELD, MARY E	2.2 NAME	Davis, Marge	
STREET ADDRESS	6800 PATRICIA DR.	2.3 STREET ADDRESS	18188 Flamingo Terr.	
CITY-ST-ZIP	WEST PALM BCH FL	2.4 CITY-ST-ZIP	Plm. Bch. Gardens, Fl. 33410	
TITLE	T	3.1 TITLE	T	☒ Change ☐ Addition
NAME	GORDON, AMY	3.2 NAME	Lang, Barbara	
STREET ADDRESS	3749 VICTORIA DR.	3.3 STREET ADDRESS	1 S.E. Jupiter River Dr.	
CITY-ST-ZIP	WEST PALM BCH FL	3.4 CITY-ST-ZIP	Jupiter, Fl. 33458	
TITLE	S	4.1 TITLE	S	☒ Change ☐ Addition
NAME	ROVINELLI, CHERYL	4.2 NAME	Lidberg, Sandra	
STREET ADDRESS	1032 N A ST.	4.3 STREET ADDRESS	14950 Randolph Siding	
CITY-ST-ZIP	LAKE WORTH FL	4.4 CITY-ST-ZIP	Jupiter, Fl. 33478	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	MOWREY, BILL	5.2 NAME	Shuster, Dolores	
STREET ADDRESS	433 CYPRESS LN	5.3 STREET ADDRESS	7210 Pioneer Rd.	
CITY-ST-ZIP	LAKE WORTH FL	5.4 CITY-ST-ZIP	West Plm. Bch., Fl. 33413	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	KLEIN, GAIL	6.2 NAME	Dixon, Carolyn	
STREET ADDRESS	12956 MALLARD CREEK DR.	6.3 STREET ADDRESS	12447 152nd St. N.	
CITY-ST-ZIP	PALM BCH GARDENS FL	6.4 CITY-ST-ZIP	Jupiter, Fl. 33478	

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)(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: Barbara Lang, Treasurer Barbara Lang — (407) 746-0121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0051184