

**FILE NOW: FILING FEE IS \$61.25**

\*NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 730711 (9)

1. Corporation Name  
WEST VOLUSIA KENNEL CLUB, INC.



Principal Place of Business: P.O. BOX 1723 DELAND FL 32721-1723 US  
Mailing Address: P.O. BOX 1723 DELAND FL 32721-1723 US

3. Date Incorporated or Qualified: 09/18/1974  
3a. Date of Last Report: 01/30/1995

|    |                                |    |                     |    |  |  |         |    |  |   |
|----|--------------------------------|----|---------------------|----|--|--|---------|----|--|---|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address | 4. | FEI Number<br>59-1676018                               | Applied For  |         |    |  |   |
| 22 | Suite, Apt. #, etc.            | 27 | Suite, Apt. #, etc. | 5. | Certificate of Status Desired                          | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |         |    |  |   |
| 23 | City & State                   | 28 | City & State        | 6. | Election Campaign Financing<br>Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees               |         |    |  |   |
| 24 | Zip                            | 25 | Country             | 29 | Zip  | 30   | Country | 8. | This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

|   |  |  |  |  |  |    |    |
|---|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent             |  |  |  | 10. Name and Address of New Registered Agent |  |    |    |
| MYLOTT, FLORENCE L<br>3090 BLAINE CIR<br>DELTONA FL 32774 - |  |  |  | 81   | Name   |    |    |
|   |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |    |    |
|   |  |  |  | 83   |  |    |    |
|   |  |  |  | 84   | City   | FL | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | PD<br>TRIER, DON<br>1431 LARKIN COURT<br>DELTONA FL 32725                     | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                       |   | 1.2 NAME  |   |
| STREET ADDRESS             |   | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | V<br>BLOMQUIST, MARJ<br>1725 ARRENDONDO GRANT ROAD<br>DELEON SPRINGS FL 32130 | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                       |   | 2.2 NAME  |   |
| STREET ADDRESS             |   | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | S-<br>CUTLIP, SHARI<br>135 NORTH AVE<br>LAKE HELEN FL                         | 3.1 TITLE   | RECORDING SECRETARY <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |   | 3.2 NAME  |   |
| STREET ADDRESS             |   | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 3.4 CITY-ST-ZIP                                       | 32744   |
| TITLE                      | T<br>MYLOTT, FLORENCE L<br>3090 BLAINE CIR<br>DELTONA FL                      | 4.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                |
| NAME                       |   | 4.2 NAME  |   |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 4.4 CITY-ST-ZIP                                       | 32738-5330  |
| TITLE                      | D<br>WEIGEL, ALLYN<br>986 ISLAND GR. DRIVE<br>DELAND FL 32720                 | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                       |   | 5.2 NAME  |   |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D<br>ANDREWS, NANCY<br>44648 LAKE MACK DR<br>DELAND FL                        | 6.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                |
| NAME                       |   | 6.2 NAME  |   |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 6.4 CITY-ST-ZIP                                       | 32720-5615  |

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: Florence L. Mylott Feb 11, 96 904-734-7923  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Florence L. Mylott, TREASURER

CR2E037 (12/95)

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WEST VOLUSIA KENNEL CLUB INC FEI #59-1676018 DATE: FEB 11, 96

continuation of officers and directors

CORRESPONDING SECRETARY  
GILOTTI, LISA  
117 MEDINA ROAD  
DEBARY FL 32713

DIRECTOR  
ANDREWS, KIP  
44648 LAKE MACK DRIVE  
DELAND, FL 32720-5615

DIRECTOR  
MOORE, LINDA  
PO BOX 266 (no other address available...rural area)  
BARBERVILLE, FL 32105

DIRECTOR  
MORRISON, CHARLETTA  
42547 MAGGIE JONES ROAD  
PAISLEY, FL 32767

DIRECTOR  
TRUNZO, VALERIE  
861 VILLAGE LAKE DRIVE SOUTH  
DELAND, FL 32724