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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

P.O. BOX 1723
DELAND FL 32721-1723
US

P.O. BOX 1723
DELAND FL 32721-1723
US

3. Date Incorporated or Qualified
09/18/1974

3a. Date of Last Report
02/16/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-1676018

Applied For
Not Applicable

5. 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

10. Name and Address of New Registered Agent

MYLOTT, FLORENCE L
3090 BLAINE CIR
DELTONA FL-32774

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL B5 Zip Code
32738-5330

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

FLORENCE L. MYLOTT

Jan 24, 1997

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRIER, DON	1.2 NAME	
STREET ADDRESS	1431 LARKIN COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32725	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOMQUIST, MARJ	2.2 NAME	
STREET ADDRESS	1725 ARRENDONDO GRANT ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELEON SPRINGS FL 32130	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUTUP, SHARI	3.2 NAME	GILOTTI, LISA
STREET ADDRESS	135 NORTH AVE	3.3 STREET ADDRESS	117 MEDINA ROAD
CITY-ST-ZIP	LAKE HELEN FL	3.4 CITY-ST-ZIP	DEBARY, FL 32713
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYLOTT, FLORENCE L	4.2 NAME	
STREET ADDRESS	3090 BLAINE CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL-30	4.4 CITY-ST-ZIP	32738-5330
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIGEL, ALLYN	5.2 NAME	
STREET ADDRESS	986 ISLAND GR. DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32720	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREWS, NANCY	6.2 NAME	
STREET ADDRESS	44848 LAKE MACK DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL-15	6.4 CITY-ST-ZIP	32720-5615

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: *Florence L. Mylott* FLORENCE L. MYLOTT Jan 24, 1997 (904) 532-5741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0013482

CR2E037 (9/96)