


2/18/98

B-2269 C  
FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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3. Date Incorporated or Qualified  
**09/18/1974**

4. FEI Number  
**59-1676018**

Applied For	
Not Applicable	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**MYLOTT, FLORENCE L  
3090 BLAINE CIR  
DELTONA FL 32774**

10. Name and Address of New Registered Agent

81 Name **NACHMAN, DIANE R**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1907 LONG POND DRIVE**

83

84 City **LONGWOOD** FL 85 Zip Code **32779**

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 *Diane R. Nachman, Treasurer* **2/11/98**  
Signature of the person or persons authorized to sign this statement (Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TRIER, DON	
STREET ADDRESS	1431 LARKIN COURT	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BLOMQUIST, MARJ	
STREET ADDRESS	1725 ARRENDONDO GRANT ROAD	
CITY-ST-ZIP	DELEON SPRINGS FL 32130	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GILOTTI, LISA	
STREET ADDRESS	117 MEDINA ROAD	
CITY-ST-ZIP	DEBARY FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MYLOTT, FLORENCE L	
STREET ADDRESS	3090 BLAINE CIR	
CITY-ST-ZIP	DELTONA FL 30	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEIGEL, ALLYN	
STREET ADDRESS	986 ISLAND GR. DRIVE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDREWS, NANCY	
STREET ADDRESS	44648 LAKE MACK DR	
CITY-ST-ZIP	DELAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	S CUTLIP, SHARI
3.3 STREET ADDRESS	135 NORTH STREET
3.4 CITY-ST-ZIP	LAKE HELEN, FL 32744
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	NACHMAN, DIANE R
4.3 STREET ADDRESS	1907 LONG POND DRIVE
4.4 CITY-ST-ZIP	LONGWOOD, FL 32779
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	DELAND, FL 32720
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Diane R. Nachman* **2/11/98** (407) 645-5933

CR2E037 (10/97)