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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 730711

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

09/18/1974

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

9. Name and Address of Current Registered Agent

NACHMAN, DIANE R
1907 LONG POND DR
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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)

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 type="checkbox"/> DELETE
NAME	CUTLIP, SHARI	
STREET ADDRESS	135 NORTH ST	
CITY-ST-ZIP	LAKE HELEN FL 32744	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NACHMAN, DIANE R	
STREET ADDRESS	1907 LONG POND DR	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEIGEL, ALLYN	
STREET ADDRESS	986 ISLAND GR. DRIVE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ANDREWS, NANCY	
STREET ADDRESS	44648 LAKE MACK DR	
CITY-ST-ZIP	DELAND FL 32720	

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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D HINTON, GORDON
5.3 STREET ADDRESS	613 PEMBERTON AVENUE
5.4 CITY-ST-ZIP	DELTONA, FL 32738
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D BEARER, CHERYL
6.3 STREET ADDRESS	3140 NDAH COURT
6.4 CITY-ST-ZIP	DELTONA, FL 32738

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, with all other like empowered.

SIGNATURE: *[Signature]* **1/28/99** (407)645-5933x224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)