

FILE NOW: FILING FEE IS \$61.25

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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90044 005 \*\*\*\*61.25

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/18/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1676018	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24 25		29 30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NACHMAN, DIANE R 1907 LONG POND DR LONGWOOD FL 32779				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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

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 type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CUTLIP, SHARI		3.2 NAME		
STREET ADDRESS	135 NORTH ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE HELEN FL 32744		3.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NACHMAN, DIANE R		4.2 NAME		
STREET ADDRESS	1907 LONG POND DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32779		4.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEIGEL, ALLYN		5.2 NAME	D HINTON, GORDON	
STREET ADDRESS	986 ISLAND GR. DRIVE		5.3 STREET ADDRESS	613 PEMBERTON AVENUE	
CITY-ST-ZIP	DELAND FL 32720		5.4 CITY-ST-ZIP	DELTONA, FL 32738	
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDREWS, NANCY		6.2 NAME	D BEARER, CHERYL	
STREET ADDRESS	44648 LAKE MACK DR		6.3 STREET ADDRESS	3140 NDAH COURT	
CITY-ST-ZIP	DELAND FL 32720		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)