

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 15 PM 3:11

DOCUMENT # 756635 (9)

1. Corporation Name

CENTRAL FLORIDA DOG HUNTERS ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

PO BOX 115  
OKLAWAHA FL 32179  
US

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OKLAWAHA FL 32179  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/06/1981	3a. Date of Last Report 03/29/1994
4. FEI Number 59-2951916	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

HICKSON KAREN  
20575 S. E. 141ST LANE  
UMATILLA FL 32808

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when changing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENTON, CARL	1.2 NAME	DP Ray Tedder
STREET ADDRESS	10945 BOBWHITE ROAD	1.3 STREET ADDRESS	6129 Mangrove Dr.
CITY-ST-ZIP	OKLAWAHA FL	1.4 CITY-ST-ZIP	Zephyr Hills FL 33544
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURST, TERRY	2.2 NAME	
STREET ADDRESS	PO BOX 165 NA	2.3 STREET ADDRESS	
CITY-ST-ZIP	OXFORD FL	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELDRIDGE, MARIE	3.2 NAME	
STREET ADDRESS	28231 SE 175 STR	3.3 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL	3.4 CITY-ST-ZIP	
TITLE	DP	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, JON	4.2 NAME	Stan Markum
STREET ADDRESS	640 S.E. 164TH AVENUE	4.3 STREET ADDRESS	16575 NE 45th Ct.
CITY-ST-ZIP	SILVER SPRINGS FL	4.4 CITY-ST-ZIP	Citra FL 32113
TITLE	DS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKHEISTER, DORI	5.2 NAME	
STREET ADDRESS	1688 S.E. 75TH STREET ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	OKLAWAHA FL	5.4 CITY-ST-ZIP	
TITLE	DS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKSON, KAREN	6.2 NAME	
STREET ADDRESS	20575 S.E. 141ST LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL	6.4 CITY-ST-ZIP	

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 118.07(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: Marie Eldridge Marie Eldridge 1-30-95 904-664-7888