

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified
03/06/1981

3a. Date of Last Report
02/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2951916

Applied For
 Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME TEDDER, RAY
STREET ADDRESS 6129 MANGROVE DRIVE
CITY-ST-ZIP ZEPHR HILLS FL DELETE

11 TITLE DP
12 NAME KEN HURST
13 STREET ADDRESS 5514 CR 472
14 CITY-ST-ZIP OXFORD, FL 34484 Change Addition

TITLE D
NAME HURST, TERRY
STREET ADDRESS PO BOX 165 NA
CITY-ST-ZIP OXFORD FL DELETE

21 TITLE DS
22 NAME DOWNA EARLEST
23 STREET ADDRESS 270 SAYEBROOK TRAIL
24 CITY-ST-ZIP NEW SMYRNA-BEACH, FL 32168 Change Addition

TITLE DT
NAME ELDRIDGE, MARIE
STREET ADDRESS 28231 SE 175 STR
CITY-ST-ZIP UMATILLA FL DELETE

31 TITLE DT
32 NAME RUTH RUEGG
33 STREET ADDRESS 17985 SE. 102 PLACE
34 CITY-ST-ZIP OKLAWAHA, FL 32179 Change Addition

TITLE D
NAME MARKUM, STAN
STREET ADDRESS 16575 NE 45TH COURT
CITY-ST-ZIP CITRA FL DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP Change Addition

TITLE DS
NAME BUCKHEISTER, DORI
STREET ADDRESS 1688 S.E. 75TH STREET ROAD
CITY-ST-ZIP OKLAWAHA FL DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP Change Addition

TITLE DS
NAME HICKSON, KAREN
STREET ADDRESS 20575 S.E. 141ST LANE
CITY-ST-ZIP UMATILLA FL DELETE

61 TITLE D
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP Change Addition

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 119.07(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:

Ruth Ruegg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96
Date

352-288-3370
Daytime Phone #

CR2E037 (12/95)