


FILE NOW: FILING FEE IS \$61.25

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Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **756635** (9)

1. Corporation Name
CENTRAL FLORIDA DOG HUNTERS ASSOCIATION, INCORPORATED



Principal Place of Business PO BOX 115 OKLAWAHA FL 32179 US	Mailing Address PO BOX 115 OKLAWAHA FL 32179 US
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3. Date Incorporated or Qualified 03/06/1981	
4. FEI Number 59-2951916	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. BOX 202
22 City & State	27 ALTOONA
23 Zip	28 ALTOONA FL
24 Country	29 32702-0202
	30 USA

5. Certificate of Status Desired <input type="checkbox"/> Yes <input type="checkbox"/> No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input type="checkbox"/> No	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 **ANDY BOYD**

82 Street Address (P.O. Box Number is Not Acceptable)
11485 S.E. 187TH TERRACE

83

84 City **OKLAWAHA** FL 85 Zip Code **32179**

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]* DATE **2/12/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	DP HURST, KEN	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	5514 CR 472	
CITY-ST-ZIP	OXFORD FL	
TITLE	SD EARNEST, DONNA	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	270 SAYEBROOK TRAIL	
CITY-ST-ZIP	NEW SMYRNA BCH FL	
TITLE	DT RUEGG, RUTH	<input type="checkbox"/> DELETE
STREET ADDRESS	17985 SE 102 PLACE	
CITY-ST-ZIP	OKLAWAHA FL	
TITLE	D MARKUM, STAN	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	16575 NE 45TH COURT	
CITY-ST-ZIP	CITRA FL	
TITLE	DS BUCKHEISTER, DORI	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	1888 S.E. 75TH STREET ROAD	
CITY-ST-ZIP	OKLAWAHA FL	
TITLE	D HICKSON, KAREN	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	20575 S.E. 141ST LANE	
CITY-ST-ZIP	UMATILLA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DP DOUG FLEXNER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	16458 S.E. 49TH ST RD.	
1.3 STREET ADDRESS	OKLAWAHA, FL 32179	
1.4 CITY-ST-ZIP		
2.1 TITLE	DVP ANDY BOYD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	11485 SE 187TH TERRACE	
2.3 STREET ADDRESS	OKLAWAHA, FL 32179	
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	DS ALMA MITCHELL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	30640 S.E. 97TH ST	
4.3 STREET ADDRESS	ALTOONA, FL 32702	
4.4 CITY-ST-ZIP		
5.1 TITLE	D LYNDA SMITH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	P.O. BOX 344 NA	
5.3 STREET ADDRESS	ALTOONA PARK FL 32181	
5.4 CITY-ST-ZIP		
6.1 TITLE	D TERRY HURST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	P.O. BOX 165	
6.3 STREET ADDRESS	OXFORD, FL 32789	
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: *[Signature]* DATE **2/10/98** PHONE **352-288-3370**

CR2E037 (10/97)