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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 756635

1. Corporation Name
CENTRAL FLORIDA DOG HUNTERS ASSOCIATION, INCORPORATED

Principal Place of Business PO BOX 115 OKLAWAHA FL 32179 US	Mailing Address P. O. BOX 202 ALTOONA FL 32702-0202 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/06/1981
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2951916
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29
30		

9. Name and Address of Current Registered Agent

BOYD, ANDY
11485 SE 187TH TERRACE
OCKLOWAHA FL 32179

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

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	FINCHER, DOUG	
STREET ADDRESS	16458 SE 49TH ST RD	
CITY-ST-ZIP	OCKLAWAHA FL 32179	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	BOYD, ANDY	
STREET ADDRESS	11485 SE 187TH TERR	
CITY-ST-ZIP	OCKLAWAHA FL 32179	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	RUEGG, RUTH	
STREET ADDRESS	17985 SE 102 PLACE	
CITY-ST-ZIP	OCKLAWAHA FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	MITCHELL, ALMA	
STREET ADDRESS	30640 SE 97TH ST	
CITY-ST-ZIP	ALTOONA FL 32702	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, LYNN	
STREET ADDRESS	P. O. BOX 344	
CITY-ST-ZIP	POMONA PARK FL 32181	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HURST, TERRY	
STREET ADDRESS	P. O. BOX 165	
CITY-ST-ZIP	OXFORD FL 32184	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	MEMBER SHIP SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	11399 188TH CT	
1.3 STREET ADDRESS	OCKLAWAHA, FL 32179	
1.4 CITY-ST-ZIP	BOB HAMPP	
2.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	STEVE KELLY	
3.3 STREET ADDRESS	5925 Delaware Ave	
3.4 CITY-ST-ZIP	New Port Richey FL 34652	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KEV HURST	
4.3 STREET ADDRESS	5514 CR 472	
4.4 CITY-ST-ZIP	OXFORD, FL 34484	
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BOB FINCHER Jimmy Wisc	
5.3 STREET ADDRESS	14198 S.E. 200 CT	
5.4 CITY-ST-ZIP	UMATILLA FL 32784	
6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BUTCH LOVELACE	
6.3 STREET ADDRESS	7406 W Pierce HARWELL Rd.	
6.4 CITY-ST-ZIP	PLANT CITY, FL 33565	

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: _____ DATE: **3/15/99** DAYTIME PHONE #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)