

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

APPROVED
AND
FILED

95 MAR 21 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **770285** (5)
1. Corporation Name
DOBERMAN PINSCHER CLUB OF FLORIDA, INC.

Principal Place of Business Mailing Address
% MARJORIE W. VEERKAMP **% MARJORIE W. VEERKAMP**
741 S.W. 71 AVENUE **741 S.W. 71 AVENUE**
PEMBROKE PINES FL 33023 **PEMBROKE PINES FL 33023**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/19/1983	3a. Date of Last Report 02/14/1994
4. FBI Number 94-3015138	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 type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
VEERKAMP, MARJORIE W.
741 S.W. 71 AVENUE
PEMBROKE PINES FL 33023

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ 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	F
NAME	VEERKAMP, MARJORIE W.
STREET ADDRESS	741 SW 71 AVE.
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	D
NAME	JOFFE, GRACE
STREET ADDRESS	19810 N.E. 12 AVE.
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	VP
NAME	RABOLD, TAMRA
STREET ADDRESS	241 SW 34D TERRACE
CITY-ST-ZIP	DANIA FL
TITLE	D
NAME	SMOLLIN, BARBARA
STREET ADDRESS	14720 LURAY ROAD
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	TD
NAME	FIELD, JEAN
STREET ADDRESS	535 N. BISCAYNE RD. DR.
CITY-ST-ZIP	MIAMI FL
TITLE	S
NAME	BLACKBURN, DONNA
STREET ADDRESS	241 S.W. 3RD TERRACE
CITY-ST-ZIP	NORTH MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jean Field Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____