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Mar 19 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N93000000579 (3)
1. Corporation Name

THE GERMAN SHEPHERD DOG CLUB OF ORLANDO INC.

Principal Place of Business

Mailing Address

P.O. BOX 520520
LONGWOOD FL 32752-0715
US

P.O. BOX 520520
LONGWOOD FL 32752-0715
US

3. Date Incorporated or Qualified

02/08/1993

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

21 P.O. Box 520520

Suite, Apt. #, etc.

22 City & State

23 LONGWOOD, FL

24 Zip

25 32752-0520

26 Country

27 SEM

2a. Mailing Address

28 P.O. Box 520520

Suite, Apt. #, etc.

27 City & State

28 LONGWOOD, FL

29 Zip

30 32752-0520

31 Country

32 SEM

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RADZEVICH, BETTY A
1400 LINCOLNWOOD LANE
LONGWOOD FL 32750

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
P
RADZEVICH, KARL
1400 LINCOLNWOOD LN
LONGWOOD FL 32750

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VP
PAOLILLO, DOMINICK
P.O. BOX 1186 N/A
WILDWOOD FL 34785

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
S
SWARTZ, SYBLE
PO BOX 520520
LONGWOOD FL 32752-0520

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
T
RADZEVICH, BETTY A
1400 LINCOLNWOOD LANE
LONGWOOD FL 32750

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
JACKSON, MAUREEN
885 KIMBALL DR.
OCOE FL 34781

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
SPARA, MIKE
PO BOX 730373 N/A
ORMOND BEACH FL 32173

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
TINA RATIGAN
929 JACARANDA
LADY LAKE, FL 32159

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: Betty A. Radzevich Betty A. Radzevich 3/11/98 767-9567

CP2E037 (10/97)