


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 19 1998 8:00am
Secretary of State

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| 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 P.O. BOX 520520 LONGWOOD FL 32752-0715 US | Mailing Address 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. | 2a. Mailing Address 28 P.O. Box 520520 Suite, Apt. #, etc. |
| 22 City & State 23 LONGWOOD, FL | 27 City & State 28 LONGWOOD, FL |
| 24 32752-0520 25 SEM | 29 32752-0520 30 SEM |

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$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

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83 | |
| 84 City | |

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|--|
| TITLE | P RADZEVICH, KARL | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1400 LINCOLNWOOD LN | 1.2 NAME | |
| STREET ADDRESS | LONGWOOD FL 32750 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | VP PAOLILLO, DOMINICK | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | P.O. BOX 1188 N/A | 2.2 NAME | |
| STREET ADDRESS | WILDWOOD FL 34785 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | S SWARTZ, SYBLE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PO BOX 520520 | 3.2 NAME | |
| STREET ADDRESS | LONGWOOD FL 32752-0520 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | T RADZEVICH, BETTY A | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1400 LINCOLNWOOD LANE | 4.2 NAME | |
| STREET ADDRESS | LONGWOOD FL 32750 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | D JACKSON, MAUREEN | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 885 KIMBALL DR. | 5.2 NAME | |
| STREET ADDRESS | OCOEE FL 34781 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | D SPARA, MIKE | 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PO BOX 730373 N/A | 6.2 NAME | |
| STREET ADDRESS | ORMOND BEACH FL 32173 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

| | | |
|--------------------|----------------------------|--|
| 6.1 TITLE | TINA RATICAN | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | 929 JACARANDA | |
| 6.3 STREET ADDRESS | LADY LAKE, FL 32159 | |
| 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: *Betty A. Radzevich* **Betty A. Radzevich** **3/11/98** **767-9567**

CP2E037 (10/97)