NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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1. Corporation Name

THE GERMAN SHEPHERD DOG CLUB OF ORLANDO INC.

Principal Place of Business	Mailing Address
P.O. BOX 520520 LONGWOOD FL 32752-0520 US	P.O. BOX 520520 LONGWOOD FL 32752-0520 US

2. Principal Place of Business [21]	2a. Mailing Address [26]	3. Date Incorporated or Qualifed **02/08/1993**
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]	4. FEI Number **NOT APPLICABLE** / Applied For / Not Applicable
City & State [23]	City & State [28]	5. Certifcate of Status Desired ☐ / **$8.75** Additional Fee Required
Zip [24] Country [25]	Zip [29] Country [30]	6. Election Campaign Financing ☐ Trust Fund Contribution / **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New 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

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

CR2E037 (11/98)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **P** ☐ DELETE NAME **RADZEVICH, KARL** STREET ADDRESS **1400 LINCOLNWOOD LN** CITY-ST-ZIP **LONGWOOD FL 32750**		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **VP** ☐ DELETE NAME **PAOLILLO, DOMINICK** STREET ADDRESS **P.O. BOX 1166 N/A** CITY-ST-ZIP **WILDWOOD FL 34785**		2.1 TITLE VP 2.2 NAME Tina Ratican 2.3 STREET ADDRESS 929 Jacaranda Dr. Lady Lake, Fl. 32159 2.4 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE **S** ☐ DELETE NAME **SWARTZ, SYBLE** STREET ADDRESS **PO BOX 520520** CITY-ST-ZIP **LONGWOOD FL 32752-0520**		3.1 TITLE Secretary 3.2 NAME Laura Ricci 3.3 STREET ADDRESS 1011 Woodsmere Pkwy. Rockledge, Fl. 32955 3.4 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE **T** ☐ DELETE NAME **RADZEVICH, BETTY A** STREET ADDRESS **1400 LINCOLNWOOD LANE** CITY-ST-ZIP **LONGWOOD FL 32750**		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** ☐ DELETE NAME **JACKSON, MAUREEN** STREET ADDRESS **885 KIMBALL DR.** CITY-ST-ZIP **OCOEE FL 34761**		5.1 TITLE Board Member 5.2 NAME Dominick Paolillo 5.3 STREET ADDRESS PO Box 1166 Wildwood, Fl. 34785 5.4 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE **D** ☐ DELETE NAME **RATICAN, TINA** STREET ADDRESS **929 JACARANDA** CITY-ST-ZIP **LADY LAKE FL 32159**		6.1 TITLE Board Member 6.2 NAME Daria Paolillo 6.3 STREET ADDRESS PO Box 1166 Wildwood, Fl. 34785 6.4 CITY-ST-ZIP	☒ Change ☐ Addition

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: _____ Betty A   3/10/99   407 767 9567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #