## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name 734078

(9)

K-9 OBEDIENCE CLUB OF JACKSONVILLE, INC.

Principal Place of Business Malling Address					<del></del>		JE HORE DEDIT BEDIT DEDIT		
2638 POWERS AVE 6951 SALAMANCA AVE JACKSONVILLE FL 32207 JACKSONVILLE FL 32217									
						<ol> <li>Date Incorporated or Qualified 10/15/1975</li> </ol>	3a. Date of 05/0		
Principal Place of Business     2a. Mailing Address						4. FEI Number		A	pplied For
1   26   Suite, Apt. #, etc.   Suite, Apt. #, etc.						59-2090317			lot Applicable
2		Suite, Apt. #, etc.	27			5. Certificate of Status Desired			Additional Required
City & State	•	City & State				6. Election Campaign Financing			May Be
Zip				ntry		Trust Fund Contribution  8 This corporation has liability for			to Fees
4	25 29 30					8. This corporation has liability for intangible tax ander s. 199.032, Florida Statutes			
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New F	tegistered Ageni		
				81	Name		•		
MILBURN, WILLIAM F.				82	Street Add	Street Address (P.O. Box Number is Not Acceptable)			
6951 SALAMANCA AVE				83					
JACKSU	NVILLE FL 32217			~					
	•			84	City		FL 85	Zip	Code
or registeri	o the provisions of Sections 617.0502 ed agent, or both, in the State of Florid th, and accept the obligations of, Section	ia. Such change was authorize	ed by the d	ve-n corpo	named corpo oration's boa	oration submits this statement for the pur ard of directors. I hereby accept the app	roose of changing	its re ered	gistered office agent. I am
SIGNATURE	in, and accept the doligations of, bection	on 617.0305, Honda Statutes.	•						
	Signature, typed or printed name of registered agent a	and tito if applicable (NO	T£: Flegistered	Agen	t signature requir	ed when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF			
TITLE	PD DISCOURAGE OFFICERS	DELETE	1.1 Ti				☐ Cha	nge	☐ Addition
NAME	PICCIUOLO, STEPHEN	-	1.2 N						
STREET ADDRESS	4502 ORTEGA FARMS CIRCLE JACKSONVILLE FL 32210	<b>E</b>			ADDRESS				
CITY-S1-ZIP TITLE	VD	DELETE	1.4 CI 2.1 TI		1 - ZIP		☐ Cha		Addition
NAME				2.2 NAME			_ CING	ıys	Addition
STHEET ADDRESS	5490 ATLANTIC VIEW				ADDRESS				
CITY-ST-ZIP	ST. AGUSTINE FL 32084				ST-ZIP				
TITLE	VD			3.1 TITLE			☐ Cha	nge	Addition
NAME	BUCK, EDWARD N		3 2 N/	ME					
STREET ADDRESS	342 RALEIGH ROAD		3351	REET	ADORESS				
CITY-ST-ZIP	JACKSONVILLE FL 32225		3.4 C	ITY - S	ST-ZIP				
THLE	TO	DELETE	4.1 T(	TLE			Cha	nge	☐ Addition
NAME	MILBURN, WM. F		4. 2 N						
STREET ADDRESS	6951 SALAMANCA AVNEUE				ADORESS				
CITY - ST - ZIP	JACKSONVILLE FL 32217	DELETE	4.4 CI		T-ZIP				ET tuano
TITLE NAME	CSD Stanton, Patricia		5.1 TI 5.2 N/				☐ Cha	inge	Addition
STREET ADDRESS	2467 RIDGEWOOD AVE.				ADDRESS				
CITY-ST-ZIP	ORANGE PARK FL 32065		5.4 CI						
TITLE	RSD	DELETE	6.1 TI		. 211		Cha	nge	☐ Addition
NAME	KREVO, DORIS	_	6.2 NA					-	
STREET ADDRESS	11653 GRAN CRIQUE CT. W.				ADORESS				
CITY-ST-ZIP	JACKSONVILLE FL 32228		6.4 CI						
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I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an estachment with an address.

SIGNATURE:

2/5/96 904-737-0663