

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 765976 (6)**

1. Corporation Name

**SOUTHEASTERN GUIDE DOGS, INC.**

Principal Place of Business

**4210 77TH STREET, EAST  
PALMETTO FL 34221**

Mailing Address

**4210 77TH STREET, EAST  
PALMETTO FL 34221**



3. Date Incorporated or Qualified  
**12/03/1982**

3a. Date of Last Report  
**04/27/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

4. FEI Number

**59-2252352**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SERGEANT, MIKE  
4210 77TH STREET EAST  
PALMETTO FL 34221**

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]*  
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/26/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SILVERMAN, HARRIS M.D.	
STREET ADDRESS	4007 BAYSIDE DR.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MUMFORD, RUFUS	
STREET ADDRESS	6204 45TH ST. W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SHERMAN, ROBERT	
STREET ADDRESS	114 30TH ST. W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	PED	<input type="checkbox"/> DELETE
NAME	BRESLAW, HERBERT	
STREET ADDRESS	212 8 AVE. SW	
CITY-ST-ZIP	RUSKIN FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GAAR, WILLIAM C	
STREET ADDRESS	1715 91ST ST. N.W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	EDCO	<input type="checkbox"/> DELETE
NAME	SERGEANT, MIKE	
STREET ADDRESS	4210 77 ST. E.	
CITY-ST-ZIP	PALMETTO 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 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/96 941-729-5665**

Date

Daytime Phone #

CR2E037 (12/95)