

FILE NOW: FILING FEE IS \$61.25

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Mar 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **734078** (9)

1. Corporation Name

K-9 OBEDIENCE CLUB OF JACKSONVILLE, INC.



Principal Place of Business	Mailing Address
2638 POWERS AVE JACKSONVILLE FL 32207	6951 SALAMANCA AVE JACKSONVILLE FL 32217-2636

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
	29
	30

3. Date Incorporated or Qualified 10/15/1975	3a. Date of Last Report 02/09/1996
4. FEI Number 59-2090317	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
MILBURN, WILLIAM F. 6951 SALAMANCA AVE JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD PICCIUOLO, STEPHEN	1.2 NAME	
STREET ADDRESS	4502 ORTEGA FARMS CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD RIBACK, JEANNETTE	2.2 NAME	
STREET ADDRESS	5490 ATLANTIC VIEW	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AGUSTINE FL 32084	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD BUCK, EDWARD N	3.2 NAME	CONSTANCE F. ROOKE
STREET ADDRESS	342 RALEIGH ROAD	3.3 STREET ADDRESS	115 S. 342 ST
CITY-ST-ZIP	JACKSONVILLE FL 32225	3.4 CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD MILBURN, WM. F	4.2 NAME	
STREET ADDRESS	6951 SALAMANCA AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CSD STANTON, PATRICIA	5.2 NAME	
STREET ADDRESS	2467 RIDGEWOOD AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32065	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RSD KREVO, DORIS	6.2 NAME	COURTNEY DOWNS
STREET ADDRESS	11653 GRAN CRIQUE CT. W.	6.3 STREET ADDRESS	1327 AZALEA DR
CITY-ST-ZIP	JACKSONVILLE FL 32228	6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32205

14. I do 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: W. F. Milburn DATE: 3/3/97 DAYTIME PHONE: 904-737-0663

CR2E037 (9/96)