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Mar 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**10/15/1975**

4. FEI Number

**59-2090317**

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**

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

10. Name and Address of New Registered Agent

**MILBURN, WILLIAM F.  
6951 SALAMANCA AVE  
JACKSONVILLE FL 32217**

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PICCIUOLO, STEPHEN	
STREET ADDRESS	4502 ORTEGA FARMS CIRCLE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	RIBACK, JEANNETTE	
STREET ADDRESS	5490 ATLANTIC VIEW	
CITY-ST-ZIP	ST. AGUSTINE FL 32084	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROOKE, CONSTANCE F	
STREET ADDRESS	115 SO. 3RD ST.	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	MILBURN, WM. F	
STREET ADDRESS	6951 SALAMANCA AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32217	

TITLE	CSD	<input type="checkbox"/> DELETE
NAME	STANTON, PATRICIA	
STREET ADDRESS	2467 RIDGEWOOD AVE.	
CITY-ST-ZIP	ORANGE PARK FL 32065	

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	DOWNS, COURTNEY	
STREET ADDRESS	1327 AZALEA DRIVE	
CITY-ST-ZIP	JACKSONVILLE 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VD VIOLET KREBS
3.3 STREET ADDRESS	6723 ECTOR ROAD
3.4 CITY-ST-ZIP	JACKSONVILLE FL 32211

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PSD KREVO, DORIS
6.3 STREET ADDRESS	11653 GRAN CLIQUE CT
6.4 CITY-ST-ZIP	JACKSONVILLE FL 32223

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: *W.F. Milburn* **W.F. MILBURN** **2/22/98** **904 737 0663**

CR2E037 (10/97)