

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90004 040 ****61.25

DOCUMENT # N22889

1. Corporation Name

OCHLOCKONEE RIVER KENNEL CLUB OF FLORIDA, INC.

Principal Place of Business

4830 FRED GEORGE RD
TALLAHASSEE FL 32303
US

Mailing Address

P O BOX 3185
TALLAHASSEE FL 32315
US



2. Principal Place of Business

21 Rt 4 Box 4782
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

10/07/1987

4. FEI Number

59-2810153

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

City & State

23 Monticello

City & State

28

Zip

24 32344

Country

25 Jefferson

Zip

29

Country

30

9. Name and Address of Current Registered Agent

MAPLES, CHRISTINE
4830 FRED GEORGE RD
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name

Donna Mc Phate

82 Street Address (P.O. Box Number is Not Acceptable)

Rt 4 Box 4782

83

Casa Bianca Rd

84 City

Monticello

FL

85 Zip Code

32344

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]

Donna Mc Phate

1-11-99

DATE

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	DOUGLAS, BILL	RT 4 BOX 24B	MONTICELLO FL	<input type="checkbox"/>
TD	MAPLES, CHRISTINE	4830 FRED GEORGE ROAD	TALLAHASSEE FL	<input type="checkbox"/>
D	CAVALLARO, VIRGINIA	55 KENNEL LANE	CRAWFORDVILLE FL	<input type="checkbox"/>
S	DURHAM, LISA	1776 BROWN ST	TALLAHASSEE FL	<input type="checkbox"/>
VD	MCPHATE, DONNA	RT. 4, BOX 4782	MONTICELLO FL	<input type="checkbox"/>
D	MCAHON, CANDANCE	2809 SHAMROCK NORTH	TALLAHASSEE FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
VD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD	Elisabeth Chandler	4234 Lakemore Drive	Tallahassee FL 32303	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donna Mc Phate

Date

1-11-99

Daytime Phone #

850.997.1978

CR2E037 (1/98)

N22889

99182-90004-40

Additions

Title: SD

Name: Bonnie Wirth

Address: 4519 Argyle Lane

Tallahassee FL 32308

Title: D

Name: Linda Watts

Address: 43 Centipede Drive

Crawfordville, FL 32310

Title: D

Name: Kathleen Harper, DVM

Address: P.O. Box 20715

Tallahassee, FL 32316-0715