

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 # **707075** (8)

1. Corporation Name

MIAMI OBEDIENCE CLUB INC

100001751541
-03/20/96--01099--008
***8.75



Principal Place of Business

**TROPICAL PARK
7900 BIRD RD
MIAMI FL 33172
US**

Mailing Address

**9155 SW 124TH STREET
MIAMI FL 33176
US**

3. Date Incorporated or Qualified
03/30/1964

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 **26 12320 SW 102 Court**

Suite, Apt. #, etc.

22 **27**

City & State

23 **28 Miami, FL**

24 **29 33176** **30 US**

4. FEI Number
23-7125622

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

**SIMONSEN, LINDA
9155 S.W. 124TH ST.
MIAMI FL 33176**

10. Name and Address of New Registered Agent

81 Name **Tracy Hanna**
82 Street Address (P.O. Box Number is Not Acceptable)
12320 SW 102 Court
83
84 City **Miami** **FL** 85 Zip Code **33176**

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 *Tracy Hanna* President

2/9/96

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SIMONSEN, LINDA	
STREET ADDRESS	9155 S.W. 124TH ST.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHAMBERS, ELIZABETH	
STREET ADDRESS	549 DESOTO DR.	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	FERGUSON, ELLEN ROWE	
STREET ADDRESS	7761 SW 134 AVE.	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MCALHANY, PATRICIA	
STREET ADDRESS	1740 WESTWARD DR.	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLEIN, CAROL ANN	
STREET ADDRESS	534 NE 94TH ST.	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Tracy Hanna	
13 STREET ADDRESS	12320 SW 102 Court	
14 CITY-ST-ZIP	Miami, FL 33176	
21 TITLE	300001751598	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	-03/20/96--01099--007	
23 STREET ADDRESS	***61.25	
24 CITY-ST-ZIP		
31 TITLE	Secretary/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	100001751541	
33 STREET ADDRESS	-03/20/96--01099--008	
34 CITY-ST-ZIP	***30.00	
41 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Catherine Chicvara	
43 STREET ADDRESS	8371 SW 35 Terrace	
44 CITY-ST-ZIP	Miami, FL 33155	
51 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS	Miami Shores, FL 33138	
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	M.M.	
63 STREET ADDRESS	3-20-96	
64 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: *Tracy Hanna* Tracy Hanna, President 2/9/96 (305)251-9668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (12/95)