

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 # 715250 (7)
1. Corporation Name
PENSACOLA DOG FANCIERS' ASSOCIATION, INC.



Principal Place of Business
**224 RUBY AVE
PENSACOLA FL 32505
US**

Mailing Address
**P. O. BOX 17144
PENSACOLA FL 32522
US**

3. Date Incorporated or Qualified
09/13/1968

3a. Date of Last Report
02/08/1995

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1265201	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REYNOLDS, BETTY J
224 RUBY AVE
PENSACOLA FL 32505**

81 Name
**82 Street Address (P.O. Box or Mailing Address)
200001780427
-03/28/96-01018-013
***61.25
83 City
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 **BETTY J. REYNOLDS** TREASURER

(NOTE: Registered agent signature required when installing)

Betty J. Reynolds 25 Jan 1996

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WHITAKER, BRENDA		1.2 NAME BOB HOUSE - D 2875 AVENIDA ALBERTO	
STREET ADDRESS 8191 POND VALLEY DR		1.3 STREET ADDRESS P.O. BOX 689	
CITY-ST-ZIP PENSACOLA FL		1.4 CITY-ST-ZIP LILLIAN, AL. 36540	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REYNOLDS, BETTY		2.2 NAME SUZANNE RIVERS - D	
STREET ADDRESS 224 RUBY AVE		2.3 STREET ADDRESS 1209 BLUETOX PL.	
CITY-ST-ZIP PENSACOLA FL		2.4 CITY-ST-ZIP PENSACOLA, FL. 32514	
TITLE T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE RS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEIGLE, SANDRA		3.2 NAME JODIE NASH - D	
STREET ADDRESS 706 STONEWALL DR.		3.3 STREET ADDRESS 8202 NORTHPOINTE BLVD.	
CITY-ST-ZIP GULF BREEZE FL		3.4 CITY-ST-ZIP PENSACOLA, FL. 32514	
TITLE S	<input type="checkbox"/> DELETE	4.1 TITLE CS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILLS, LINDA		4.2 NAME NANCY GAYLOR - D	
STREET ADDRESS 7757 FOLKSTONE DR		4.3 STREET ADDRESS 8202 NORTHPOINTE BLVD.	
CITY-ST-ZIP PENSACOLA FL		4.4 CITY-ST-ZIP PENSACOLA, FL. 32514	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ABEL, JEAN		5.2 NAME BETTY REYNOLDS - D	
STREET ADDRESS 4357 CRABTREE CHURCH RD.		5.3 STREET ADDRESS 224 RUBY AVE.	
CITY-ST-ZIP CANTONMENT FL		5.4 CITY-ST-ZIP PENSACOLA, FL. 32505-3728	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROULIER, CONNIE		6.2 NAME LINDA GRISETT - D	
STREET ADDRESS 2841 PINE FOREST RD.		6.3 STREET ADDRESS 4444 YOUNG RD	
CITY-ST-ZIP PENSACOLA FL		6.4 CITY-ST-ZIP PENSACOLA, FL. 32528	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for a statement under Section 617.07(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

Betty J. Reynolds 25 Jan 1996

Date

904-453-9647

Daytime Phone #

CR2E037 (12/95)