

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

224 RUBY AVE
PENSACOLA FL 32505
USP. O. BOX 17144
PENSACOLA FL 32522-7144
US3. Date Incorporated or Qualified
09/13/19683a. Date of Last Report
03/27/1996

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

Zip

Country

24

25

29

30

4. FEI Number
59-1265201Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes 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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETENAME HOUSE, BOB
STREET ADDRESS 2875 AVENIDA ALBERTO
CITY-ST-ZIP LILLIAN AL 365401.1 TITLE PT. ☐ Change ☐ Addition1.2 NAME HOUSE, BOB
1.3 STREET ADDRESS 2875 AVENIDA ALBERTO
1.4 CITY-ST-ZIP LILLIAN AL 36540TITLE VPD ☐ DELETENAME RIVERS, SUZANNE
STREET ADDRESS 1209 BLUEFOX PLACE
CITY-ST-ZIP PENSACOLA FL 325142.1 TITLE VPD ☐ Change ☐ Addition2.2 NAME RIVERS, SUZANNE
2.3 STREET ADDRESS 1209 BLUEFOX PLACE
2.4 CITY-ST-ZIP PENSACOLA FL 32514TITLE RSD ☒ DELETENAME NASH, JODIE
STREET ADDRESS 8202 NORTHPOINTE BOULEVARD
CITY-ST-ZIP PENSACOLA FL 325143.1 TITLE RSD ☒ Change ☐ Addition3.2 NAME MICHAEL WHETSON
3.3 STREET ADDRESS 4290 PARLANGE CIRCLE
3.4 CITY-ST-ZIP CANTONMENT FL 32533TITLE CSD ☒ DELETENAME GAYLOR, NANCY
STREET ADDRESS 8202 NORTHPOINTE BOULEVARD
CITY-ST-ZIP PENSACOLA FL 325144.1 TITLE CSD ☒ Change ☐ Addition4.2 NAME CORRADO, PETE
4.3 STREET ADDRESS 234 GARDENVIEW ST
4.4 CITY-ST-ZIP PACE FL 32571TITLE TD ☐ DELETENAME REYNOLDS, BETTY
STREET ADDRESS 224 RUBY AVENUE
CITY-ST-ZIP PENSACOLA FL 32505-37285.1 TITLE TD ☐ Change ☐ Addition5.2 NAME REYNOLDS, BETTY
5.3 STREET ADDRESS 224 RUBY AVE.
5.4 CITY-ST-ZIP PENSACOLA FL 32505-3728TITLE D ☐ DELETENAME GRISSETT, LINDA
STREET ADDRESS 4444 YOUNG ROAD
CITY-ST-ZIP PENSACOLA FL 325266.1 TITLE D ☐ Change ☐ Addition6.2 NAME GRISSETT, LINDA
6.3 STREET ADDRESS 4444 YOUNG ROAD
6.4 CITY-ST-ZIP PENSACOLA FL 32526

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 904-453-9647

CR2E037 (9/96)