

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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	
2. Principal Place of Business 21 3055 PICKFORD PLACE Suite, Apt. #, etc.		2a. Mailing Address 26 SAME AS ABOVE Suite, Apt. #, etc.		4. FEI Number 59-1265201 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
22 City & State 23 PENSACOLA FL Zip 24 32503 Country 25 USA		27 City & State 28 Zip 29 Country 30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent REYNOLDS, BETTY J 224 RUBY AVE PENSACOLA FL 32505		10. Name and Address of New Registered Agent 81 Name CONSTANCE R. FLEMING 82 Street Address (P.O. Box Number is Not Acceptable) 3055 PICKFORD PLACE 83 PENSACOLA FL 32503 84 City Pensacola FL 85 Zip Code 32503	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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 Constance R. Fleming *Constance R. Fleming* **TREASURER** **24APR98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HOUSE, BOB 2875 AVENIDA ALBERTO LILLIAN AL 36540 <input checked="" type="checkbox"/> DELETE	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY - ST - ZIP	PD Sue McClure 9631 Hollowbrook Dr Pensacola FL 32514 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD RIVERS, SUZANNE 1209 BLUEFOX PLACE PENSACOLA FL 32514 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VPD REYNOLDS, BETTY 224 Ruby Ave Pensacola FL 32505-3728 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RSD WHETSONE, MICHAEL 4200 PARLANGE CR CANTONMENT FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CSD CORRADO, PETE 234 GARDENVIEW ST PACE FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	CSD DOTTI ANTIS 1244 Tall Pine Trail Gulf Breeze FL 32561 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD REYNOLDS, BETTY 224 RUBY AVENUE PENSACOLA FL 32505-3728 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	TD CONNIE FLEMING 3055 Pickford Place Pensacola FL 32503 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRISSETT, LINDA 4444 YOUNG ROAD PENSACOLA FL 32528 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Constance R. Fleming *Constance R. Fleming* **24APR98** (850) 438-7469

CR2E037 (1097)