


FILE NOW: FILING FEE IS \$61.25

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May 05, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 715250					
1. Corporation Name PENSACOLA DOG FANCIERS' ASSOCIATION, INC.					
Principal Place of Business 3055 PICKFORD PL PENSACOLA FL 32505 US			Mailing Address P. O. BOX 17144 PENSACOLA FL 32522 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 4290 Parlange Circle		26 P.O. Box 17144		09/13/1968	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1265201	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Cantonment, FL		28 Pensacola FL		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24 32533		29 32522		30 US	
Country		Country			
25 US		29 32522		30 US	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FLEMING, CONSTANCE R 3055 PICKFORD PL PENSACOLA FL 32503				81 Name Michael Whetstone			
				82 Street Address (P.O. Box Number is Not Acceptable) 4290 Parlange Circle			
				83			
				84 City Cantonment FL 85 Zip Code 32533			

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 Michael Whetstone Michael Whetstone Treasurer 4/29/99

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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCLURE, SUE	1.2 NAME	Kim Moyers
STREET ADDRESS	9631 HOLLOWBROOK DR	1.3 STREET ADDRESS	10060 Centre St
CITY-ST-ZIP	PENSACOLA FL 32514	1.4 CITY-ST-ZIP	Pensacola, FL 32506
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	Recording Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REYNOLDS, BETTY	2.2 NAME	Chris Messerly
STREET ADDRESS	224 RUBY AVE	2.3 STREET ADDRESS	3521 Baishan Rd
CITY-ST-ZIP	PENSACOLA FL 32505	2.4 CITY-ST-ZIP	Pensacola, FL 32503
TITLE	RSD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHETSTONE, MICHAEL	3.2 NAME	Michael Whetstone
STREET ADDRESS	4290 PARLANGE CR	3.3 STREET ADDRESS	4290 Parlange Circle
CITY-ST-ZIP	CANTONMENT FL	3.4 CITY-ST-ZIP	Cantonment, FL 32533
TITLE	CSD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Board of Directors <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTIS, DOTTI	4.2 NAME	Sue McClure
STREET ADDRESS	1244 TALL PINE TRAIL	4.3 STREET ADDRESS	9631 Hollowbrook Drive
CITY-ST-ZIP	GULF BREEZE FL 32561	4.4 CITY-ST-ZIP	Pensacola, FL 32574
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Board of Directors <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLEMING, CONNIE	5.2 NAME	Pat Young
STREET ADDRESS	3055 PICKFORD PL	5.3 STREET ADDRESS	7990 Burstaff Rd
CITY-ST-ZIP	PENSACOLA FL 32503	5.4 CITY-ST-ZIP	Pensacola, FL 32514
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Board of Directors <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRISSETT, LINDA	6.2 NAME	Ray Gibbs
STREET ADDRESS	4444 YOUNG ROAD	6.3 STREET ADDRESS	4444 Young Rd
CITY-ST-ZIP	PENSACOLA FL 32526	6.4 CITY-ST-ZIP	Pensacola, FL 32526

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: Michael Whetstone 4/29/99 (850) 469 3512

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)