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Apr 01 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **718501** (0)  
1. Corporation Name  
**FLORIDA WEST COAST DOBERMAN PINSCHER CLUB, INC.**

Principal Place of Business Mailing Address  
**4702 FOX HUNT DR TAMPA FL 33624**

3. Date Incorporated or Qualified

**05/14/1970**

4. FEI Number

**23-7127839**

Applied For  
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, ROY  
25078 DAN BROWN HILL RD  
BROOKSVILLE FL 34602**

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 ☐ DELETE  
NAME **T HOLM, ELAINE**  
STREET ADDRESS **4702 FOX HUNT DR**  
CITY-ST-ZIP **TAMPA FL**  
TITLE ☐ DELETE  
NAME **D BRADSTED, LINDA**  
STREET ADDRESS **102 TALLEY CT**  
CITY-ST-ZIP **PALM HARBOR FL**  
TITLE ☐ DELETE  
NAME **SD SMITH, SUSAN**  
STREET ADDRESS **25078 DAN BROWN HILL RD**  
CITY-ST-ZIP **BROOKSVILLE FL**  
TITLE ☐ DELETE  
NAME **D FIREMAN, HERMA**  
STREET ADDRESS **1721 HAMPTON LN**  
CITY-ST-ZIP **CLEARWATER FL**  
TITLE ☐ DELETE  
NAME **VP HOLM, JIM**  
STREET ADDRESS **4702 FOX HUNT DR**  
CITY-ST-ZIP **TAMPA FL**  
TITLE ☐ DELETE  
NAME **P COMBS, PAUL**  
STREET ADDRESS **13504 GALENA PLACE**  
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

*Elaine Holm* *Jim Holm* *Paul Combs*

365/92 18127 962-6611 x281

CR2E037 (10/97)