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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718501

1. Corporation Name
FLORIDA WEST COAST DOBERMAN PINSCHER CLUB, INC.

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

2. Principal Place of Business
21 13004 Creek Manor Ct
22 Suite, Apt. #, etc.
23 City & State: Riverview FL 33569
24 Zip: 33569 25 Country: USA

2a. Mailing Address
26 4207 Lakewood Dr
27 Suite, Apt. #, etc.
28 City & State: Seffner FL
29 Zip: 33584 30 Country: USA

3. Date Incorporated or Qualifed: 05/14/1970

4. FEI Number: 23-7127839 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

SMITH, ROY
25078 DAN BROWN HILL RD
BROOKSVILLE FL 34602

10. Name and Address of New Registered Agent

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 _____ DATE
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	T	☐ DELETE	1.1 TITLE	T	☑ Change ☐ Addition
NAME	HOLM, ELAINE		1.2 NAME	Kimberley Wade	
STREET ADDRESS	4702 FOX HUNT DR		1.3 STREET ADDRESS	4207 Lakewood Drive	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Seffner FL 33584	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BRADSTED, LINDA		2.2 NAME		
STREET ADDRESS	102 TALLEY CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	S	☑ Change ☐ Addition
NAME	SMITH, SUSAN		3.2 NAME	Dianne Tharp	
STREET ADDRESS	25078 DAN BROWN HILL RD		3.3 STREET ADDRESS	13004 Creek Manor Ct	
CITY-ST-ZIP	BROOKSVILLE FL		3.4. CITY-ST-ZIP	Riverview FL 33569	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FIREMAN, HERMA		4. 2 NAME		
STREET ADDRESS	1721 HAMPTON LN		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE	VP	☑ Change ☐ Addition
NAME	HOLM, JIM		5.2 NAME	Paul Combs	
STREET ADDRESS	4702 FOX HUNT DR		5.3 STREET ADDRESS	13504 Galena Place	
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	Tampa, FL 336216	
TITLE	P	☐ DELETE	6.1 TITLE	P	☑ Change ☐ Addition
NAME	COMBS, PAUL		6.2 NAME	Randal Rukstele	
STREET ADDRESS	13504 GALENA PLACE		6.3 STREET ADDRESS	11950 81st Ave N	
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP	Seminole, FL 33772	

CR2E037 (11/98)

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: Kimberley Wade SIGNATURE REQUIRED Kimberley Wade 1/25/99 813-689-1509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #