

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 722870 (3)
1. Corporation Name
GREATER OCALA DOG CLUB, INC.

FILED
May 01, 1996 08:00 AM
Secretary of State



0000018547910
-06/07/96--01008--001

Principal Place of Business Mailing Address
**2700 SE 73 ST.
PO BOX 1253
OCALA FL 34476**

3. Date Incorporated or Qualified **03/10/1972** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address
21 **10516 SW 65TH TERR** 26 **10516 SW 65TH TERR**

4. FEI Number **59-1581117** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

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

City & State City & State
23 **OCALA FL** 28 **OCALA FL**

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

Zip Country Zip Country
24 **34476 USA** 25 **USA** 29 **34476 USA** 30 **USA**

8. 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

KEEFE, CHUCK
2700 SE 73RD ST.
OCALA, FL
OCALA FL 34476

81 Name **LEACH, PAT**
82 Street Address (P.O. Box Number is Not Acceptable) **10516 SW 65TH TERRACE**
83
84 City **OCALA** FL 85 Zip Code **34476**

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 617.0502, Florida Statutes.

SIGNATURE *Pat Leach* DATE **5-15-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	WITTNER, RICHARD
STREET ADDRESS	550 SILVER COURSE LOOP.
CITY - ST - ZIP	OCALA, FL 00000
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	S BIXLER, ALICE
STREET ADDRESS	14876 SE 56TH AVE
CITY - ST - ZIP	SUMMERFIELD FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D CACCIATORE, ANTHONY
STREET ADDRESS	10865 SW 88TH TERR
CITY - ST - ZIP	OCALA FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	V LENOBEL, BRIAN
STREET ADDRESS	8428 NW 2ND STREET
CITY - ST - ZIP	OCALA FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	T KEEFE, CHUCK
STREET ADDRESS	2700 SE 73RD ST
CITY - ST - ZIP	OCALA, FL 00000
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D CRUKSHANK, GARY
STREET ADDRESS	18196 SE 24TH ST
CITY - ST - ZIP	SILVER SPRINGS FL

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	P LENOBEL, BRIAN Lenobel, BRIAN
13 STREET ADDRESS	PO BOX 359 N/A
14 CITY - ST - ZIP	ORANGE LAKE FL 34481
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	S SPIERS, LOIS
23 STREET ADDRESS	PO BOX 6697 N/A
24 CITY - ST - ZIP	OCALA, FL 34478
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	V BIXLER, ALICE
33 STREET ADDRESS	14676 SE 56TH AVE
34 CITY - ST - ZIP	SUMMERFIELD FL 34491
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	D DUMOND, BOB
43 STREET ADDRESS	822 SE 23RD STREET
44 CITY - ST - ZIP	OCALA, FL 34471
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	O BERKEL, MARK
53 STREET ADDRESS	2019 SW 41st Ct
54 CITY - ST - ZIP	OCALA, FL 34474
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	D FANTELLI, ROY
63 STREET ADDRESS	3239 HWY 19 NORTH
64 CITY - ST - ZIP	INGLIS, FL 34449

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, trustee or 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: *Brian Lenobel* DATE: **05-01-96** Daytime Phone: **352-344-6554**

CR2E037 (12/95)