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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: 10516 SW 65TH TERR. OCALA FL 34476
Mailing Address: 10516 SW 65TH TERR. OCALA FL 34476-9367

3. Date Incorporated or Qualified: 03/10/1972
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: 10205 NW Gainesville Rd, Ocala, FL 34482
2a. Mailing Address: PO Box 1253, Ocala, FL 34478-1253
23. City & State: Ocala, FL
24. Zip: 34482, 25. Country: Marion
28. City & State: Ocala, FL
29. Zip: 34478-1253, 30. Country: Marion

4. FEI Number: 59-1581117
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: LEACH, PAT, 10516 SW 65TH TERR. OCALA FL 34476

10. Name and Address of New Registered Agent: JAN MOORE, 18716 SE 243 ST, HADTHORNE, FL 32640

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] JAN MOORE - TREASURER \$-24-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE: P	NAME: LENOBEL, BRIAN STREET ADDRESS: P.O. BOX 359 N/A CITY-ST-ZIP: ORANGE LAKE FL 34481
TITLE: S	NAME: SPIERS, LOIS STREET ADDRESS: P.O. BOX 6697 CITY-ST-ZIP: OCALA FL 34478
TITLE: V	NAME: BIXLER, ALICE STREET ADDRESS: 14676 SE 58TH AVE. CITY-ST-ZIP: SUMMERFIELD FL 34471
TITLE: D	NAME: DUMOND, BOB STREET ADDRESS: 822 SE 23RD ST. CITY-ST-ZIP: OCALA FL 34471
TITLE: D	NAME: BERKEL, MARK STREET ADDRESS: 2019 SW 41ST CT. CITY-ST-ZIP: OCALA FL 34474
TITLE: D	NAME: FANTELLI, ROY STREET ADDRESS: 3239 HWY 19 NORTH CITY-ST-ZIP: INGLIS FL 34449

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: P	1.2 NAME: Bixler, Alice 1.3 STREET ADDRESS: 14676 SW 56 AVE 1.4 CITY-ST-ZIP: Summerfield, FL 3447
2.1 TITLE: V	2.2 NAME: ANDREW, Chantal 2.3 STREET ADDRESS: 5454 SW 121 TERR 2.4 CITY-ST-ZIP: Ocala, FL 34481
3.1 TITLE: S	3.2 NAME: Leach, Jerry 3.3 STREET ADDRESS: 10516 SE 65TH TERR 3.4 CITY-ST-ZIP: Ocala, FL 34476
4.1 TITLE: D	4.2 NAME: Postley, Carol 4.3 STREET ADDRESS: 9250 NW 65 AVE 4.4 CITY-ST-ZIP: Ocala, FL 34482
5.1 TITLE: D	5.2 NAME: Withee, Dick 5.3 STREET ADDRESS: 550 SILVER COURSE LOOP 5.4 CITY-ST-ZIP: Ocala, FL 34472
6.1 TITLE: D	6.2 NAME: Fuson, Dr Thomas 6.3 STREET ADDRESS: 1133 SE 18 PL. ST 2 6.4 CITY-ST-ZIP: Ocala, FL 34471

14. I do 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: [Signature] JAN MOORE: Treasurer 4-24-97 481-5717
DATE: 4-24-97 DAYTIME PHONE: 0065893

CR2E037 (9/96)