

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 # 727899 (7)

1. Corporation Name

LAKELAND-WINTER HAVEN KENNEL CLUB, INC.



Principal Place of Business

**AUBURDALE
SENIOR CENTER
AUBURDALE FL 33823
US**

Mailing Address

**P.O. BOX 571. N/A
P.O. BOX 571
AUBURNDALE FL 33823
US**

3. Date Incorporated or Qualified

10/29/1973

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**WHEATLEY, SHEILA L.
419 DONALD ST.
LAKELAND FL 33813**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **WHEATLEY, SHEILA L.**
STREET ADDRESS **419 DONALD ST.**
CITY-ST-ZIP **LAKELAND FL**

TITLE **VD** ☒ DELETE

NAME **BRUNGARD, JAN**
STREET ADDRESS **P.O. BOX 1047**
CITY-ST-ZIP **HAINES CITY FL**

TITLE **SD** ☒ DELETE

NAME **BRAGG, CAROLYN**
STREET ADDRESS **6330 LUNN RD.**
CITY-ST-ZIP **LAKELAND FL**

TITLE **TD** ☒ DELETE

NAME **WHITE, LAVELLE**
STREET ADDRESS **110 HERRICK ST.**
CITY-ST-ZIP **AUBURDALE FL**

TITLE **D** ☐ DELETE

NAME **MANCUSO, CHRISTINE**
STREET ADDRESS **6413 FERN DRIVE**
CITY-ST-ZIP **LAKELAND FL**

TITLE **D** ☐ DELETE

NAME **MCGINNIS, JOE**
STREET ADDRESS **8848 BEVERLY HILLS**
CITY-ST-ZIP **LAKELAND FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

**T.O
D.B. McCall
2213 S. Tarkenton NW
WINTER HAVEN, FL 33881**

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 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 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:

J. L. McCall, T.O.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/96
Date

844-292-7821
Daytime Phone #

CR2E037 (12/95)