

FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northcutt</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **727899** (7)  
1. Corporation Name  
**LAKELAND-WINTER HAVEN KENNEL CLUB, INC.**



Principal Place of Business <b>AUBURNDALE SENIOR CENTER AUBURNDALE FL 33823 US</b>	Mailing Address <b>P.O. BOX 571. N/A P.O. BOX 571 AUBURNDALE FL 33823 US</b>
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2. Principal Place of Business 21 <b>419 Donald St.</b> Suite, Apt. #, etc. 22 City & State 23 <b>Lakeland, FL</b> Zip 24 <b>33813</b>	2a. Mailing Address 26 <b>P.O. Box 7247</b> Suite, Apt. #, etc. 27 City & State 28 <b>Lakeland, FL</b> Zip 29 <b>33807</b>	Country 25 <b>Polk</b> 30 <b>Polk</b>
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3. Date Incorporated or Qualified <b>10/29/1973</b>
4. FEI Number <b>59-1506829</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>WHEATLEY, SHEILA L. 419 DONALD ST. LAKELAND FL 33813</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>WHEATLEY, SHEILA L.</b>
STREET ADDRESS	<b>419 DONALD ST.</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MCCALL, BOB</b>
STREET ADDRESS	<b>2213 STARBOARD NW</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MANCUSO, CHRISTINE</b>
STREET ADDRESS	<b>6413 FERN DRIVE</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MCGINNIS, JOE</b>
STREET ADDRESS	<b>8448 BEVERLY HILLS</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>TD</b>
2.3 STREET ADDRESS	<b>Carlene Snyder</b>
2.4 CITY-ST-ZIP	<b>117 Hickory Ck. Dr. Brandon, FL 33511</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>VPD</b>
3.3 STREET ADDRESS	<b>Bonnie Guggenheim</b>
3.4 CITY-ST-ZIP	<b>2070 Shadow Pine Dr. Brandon, FL 33511</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>SD</b>
4.3 STREET ADDRESS	<b>Mary Ann Paul</b>
4.4 CITY-ST-ZIP	<b>16132 Armistead Lane Odessa, FL 33556</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Carlene Snyder* **CARLENE SNYDER** 4/29/98 813-684-5853

CR2E037 (10/97)