

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90111 007 ****61.25

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1. Corporation Name

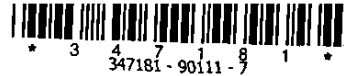
LAKELAND-WINTER HAVEN KENNEL CLUB, INC.

Principal Place of Business

419 DONALD ST
LAKELAND FL 33813
US

Mailing Address

P.O. BOX 7247
LAKELAND FL 33807
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/29/1973

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1506829

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

TITLE TD ☐ DELETE

NAME SNYDER, CARLENE
STREET ADDRESS 117 HICKORY DR
CITY-ST-ZIP BRANDON FL 33511

1.2 NAME ☐ Change ☐ Addition

TITLE VPD ☐ DELETE

NAME GUGGENHEIM, BONNIE
STREET ADDRESS 2070 SHADOW PINE DR
CITY-ST-ZIP BRANDON FL 33511

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME PAUL, MARY ANN
STREET ADDRESS 16132 ARMISTEAD LN
CITY-ST-ZIP ODESSA FL 33556

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLENE SNYDER, 4/9/99 (813) 684-5853
TREASURER-DIRECTOR

CR2E037 (11/98)