NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90142 001 ****61.25

DOCUMENT # 730854

THE GERMAN SHEPHERD DOG CLUB OF GREATER MIAMI, I NC.

Country

Principal Place of Business

2. Principal Place of Business

Same

Suite, Apt. #, etc.

City & State

23

Mailing Address

14120 SW 24TH ST **DAVIE FL 33325** HS

14120 SW 24TH ST DAVIE FL 33325

2a. Mailing Address

City & State

Sanore

Suite, Apt. #, etc.

US



3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

10/03/1974

-59-1635085=

FEI Number

|--|--|--|

24	25	29	30			İ	Trust Fund (Contribution	<u> </u>	Added to	Fees		
		Address of Current Registered	Agent			1	D. Name and	Address of Ne	w Registered	Agent			
				81	Name						1		
CODAITHUC CHADON					52 Chart Address (D.O. Pay Number is Not Assertable)								
CORNELIUS, SHARON			62	82 Street Address (P.O. Box Number is Not Acceptable)									
14120 SW 24TH ST				83									
DAVIE FL	33325	•											
		•		84	City			-	FL	85 Zip C			
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					C-1		- minetating\		DATE		[
	Signature, typed or prin	nted name of registered agent and title if applica	```	istered Agen	signature r	required whe	ADDITIONS/	CHANGES TO	OFFICERS AN	D DIRECTOR	RS IN 12		
12.		OFFICERS AND DIRECTOR	DELETE	1.1 TITLE		0.			 	Change	Addition		
TITLE	Р .		- Dereie			PR	es. 🗡	mone/	ius .	Lip amanga	_		
NAME	PEREZ, JOSE			1.2 NAME		Sn	LRON -	Cornelia w. 24 St	teest		**		
STREET ADDRESS	8875 SW 118	TH ST		1.3 STREET	ADDRESS	1/4/	. w. s. w.	, ~ 7 2	2225				
CITY-ST-ZIP	MIAMI FL			1.4 CITY-S1	-ZIP	100	D' 6' 1	<u> </u>	3325	- T-0	□ 4 delision		
TITLE	VP		☐ DELETE	2.1 TITLE		V. <i>1</i>	,			Change	☐ Addition		
NAME	CAMPO, MAN	INY	·	2.2 NAME		mar	nny Ca	_mpo					
STREET ADDRESS				2.3 STREET	ADDRESS		•	•					
**CITY-ST-ZIP	MIAMI FL 331			2.4 CITY-S	T-ZIP -	->	ame.	· ~ .	-,		<u> </u>		
TITLE	S		☐ DELETE	3.1 TITLE						Change	☐ Addition		
NAME	CORNELIUS,	SHARON		3.2 NAME									
STREET ADORESS	1			3.3 STREET	ADDRESS	,	Sam	-e					
	DAVIE FL 333			3.4. CITY-S	T-7IP	'		_			ł		
CITY-ST-ZIP	T	123	DELETE	4.1 TITLE		1				☐ Change	☐ Addition		
	COUNTING	CHADON		4.2 NAME		l	_				1		
NAME	CORNELIUS,			4.3.STREET	TADODECC	,	Sani	æ					
STREET ADDRESS	1			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		'		7					
CITY-ST-ZIP	DAVIE FL 333	325	C DELETE	4.4 CITY-S	T-ZIP	 -				☐ Change	☐ Addition		
TITLE	D		☐ DELETE	5.1 TITLE 5.2 NAME		1					١,٠٠٠٠٠٠		
NAME	ISALGUE, KA	REN					Sam	_			1		
STREET ADDRESS	10501 SW 99	TH AVE		5.3 STREET		· ·					.		
CITY-ST-ZIP	MIAMI FL 331	76		5.4 CITY-S	T- ZIP	ļ							
TITLE	D		☐ DELETE	6.1 TTTLE						Change	Addition		
NAME	PEREZ. KATH	IY .		6.2 NAME		1	Same				ļ		
STREET ADDRESS				6.3 STREET	ADDRESS	\$ ·	sam	د.			İ		
CITY ST. ZIP	N MIAMI EL 3	3176		6.4 CITY-S									
14. I hereby o	certify that the infe	ormation supplied with this filing d	oes not qualify for the	e exempti	on state	d in Sect	on 119.07(3)(i)	, Florida Statut	tes. I further cei	tify that the in	formation		

Country

indicated on this annual report or supplies that are all strue and accurate and that my signature shall have the same legal effect as if made under oath; that I am are 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 chapter 6, or on an attachment with an address, with all other like empowered.

CR2E037 (11/98)

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable