FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 30 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 735170 (3)

1. Corporation Name
INDIAN RIVER DOG TRAINING CLUB, INC.

Principal Place of Business	Mailing Address
2300 HALL RD. PO BOX 861 PALM BAY FL 32905	2300 HALL RD. PO BOX 861 PALM BAY FL 32905

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/08/1976
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2858366 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

RANDALL, GEORGIA
2300 HALL RD.
PALM BAY FL 32905

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	(address) ☒ Change ☐ Addition
NAME	GOSS, CINDY	12 NAME	
STREET ADDRESS	~~752 BEACON ST., N.W.~~	13 STREET ADDRESS	1835 Plantation Cir., S.E.
CITY-ST-ZIP	~~PALM BAY FL 32907~~	14 CITY-ST-ZIP	Palm Bay, FL 32909
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	KESSEL, KATHLEEN	22 NAME	
STREET ADDRESS	353 BRICKELL ST., S.E.	23 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32909	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	~~KEEL, SUSAN~~	32 NAME	D Leslie Parsons
STREET ADDRESS	~~0975 FLORIDA AVE.~~	33 STREET ADDRESS	772 Port Malabar Blvd.
CITY-ST-ZIP	~~W. MELBOURNE FL 32904~~	34 CITY-ST-ZIP	Palm Bay, FL 32905
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	HARVILLE, TERRY	42 NAME	E00001444616 -03/31/95--01021--009
STREET ADDRESS	2695 PENNSYLVANIA STREET	43 STREET ADDRESS	****130.00 ****130.00
CITY-ST-ZIP	MELBOURNE FL	44 CITY-ST-ZIP	
TITLE	P	51 TITLE	☐ Change ☐ Addition
NAME	RANDALL, GEORGIA	52 NAME	3/30/95 MB
STREET ADDRESS	2300 HALL RD.	53 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32905	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MCCANN, JOAN	62 NAME	
STREET ADDRESS	5140 WALKER AVE.	63 STREET ADDRESS	
CITY-ST-ZIP	W. MELBOURNE FL 32904	64 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)(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: Kathleen A. Kessel Mar. 23 1995 (407) 725-6853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Kathleen A. Kessel, Secretary

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