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 # 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

3. Date Incorporated or Qualified: 03/08/1976

3a. Date of Last Report: 03/30/1995

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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: WILLIAM N. DILLARD

82 Street Address (P.O. Box Number is Not Acceptable): 1480 MEADOWBROOK RD., N.E.

83:

84 City: PALM BAY, FL 85 Zip Code: 32905-5007

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: William N. Dillard — WILLIAM N. DILLARD, PRESIDENT — 3-23-96
(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	V	☒ DELETE	1.1 TITLE	V	☒ Change ☐ Addition
NAME	GOSS, CINDY		1.2 NAME	BARNES, BABETTE	
STREET ADDRESS	1835 PLATATION CIR., S.E.		1.3 STREET ADDRESS	553 DEAN CT.,N.W.	
CITY-ST-ZIP	PALM BAY FL 32909		1.4 CITY-ST-ZIP	PALM BAY, FL 32907	
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KESSEL, KATHLEEN		2.2 NAME		
STREET ADDRESS	353 BRICKELL ST., S.E.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32909		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PARSONS, LESLIE		3.2 NAME		
STREET ADDRESS	772 PORT MALABAR BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32905		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	HARVILLE, TERRY		4.2 NAME	PARKER, CHRIS	
STREET ADDRESS	2695 PENNSYLVANIA STREET		4.3 STREET ADDRESS	1033 BARBER ST.	
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY-ST-ZIP	SEBASTIAN, FL 32958	
TITLE	P	☒ DELETE	5.1 TITLE	P	☒ Change ☐ Addition
NAME	RANDALL, GEORGIA		5.2 NAME	DILLARD, WILLIAM N.	
STREET ADDRESS	2300 HALL RD.		5.3 STREET ADDRESS	1480 MEADOWBROOK RD., N.E.	
CITY-ST-ZIP	PALM BAY FL 32905		5.4 CITY-ST-ZIP	PALM BAY, FL 32905-5007	
TITLE	D	☐ DELETE	6.1 TITLE	800001761028	☐ Change ☐ Addition
NAME	MCCANN, JOAN		6.2 NAME	-03/28/96--01054--024	
STREET ADDRESS	5140 WALKER AVE.		6.3 STREET ADDRESS	***61.25	
CITY-ST-ZIP	W. MELBOURNE FL 32904		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: William N. Dillard — PRES. — 2-8-96 — (407) 724-2510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

WILLIAM N. DILLARD

3-27-1996 pm