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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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: 03/27/1996

2. Principal Place of Business	2a. Mailing Address
21 1480 MEADOWBROOK RD.,N.E.	26 1480 MEADOWBROOK RD,NE
Suite, Apt. #, etc. 22 P.O. BOX 060861	Suite, Apt. #, etc. 27 P.O. BOX 060861
City & State 23 PALM BAY, FL	City & State 28 PALM BAY, FL
Zip / Country 24 32906-0861 25 USA	Zip / Country 29 32906-0861 30 USA

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**

DILLARD, WILLIAM N
1480 MEADOWBROOK RD., N.E.
PALM BAY FL 32905-5007

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 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's 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	BARNES, BABETTE		1.2 NAME	PARKER, CHRIS	
STREET ADDRESS	553 DEAN CT., N.W.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32907		1.4 CITY-ST-ZIP	SABASTIAN FL 32958	
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	PARKER, CHRIS		4.2 NAME	COURTNEY, JOHN	
STREET ADDRESS	1033 BABER ST.		4.3 STREET ADDRESS	1920 MICHELS DR.,N.E.	
CITY-ST-ZIP	SABASTIAN FL 32958		4.4 CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	P	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DILLARD, WILLIAM N		5.2 NAME		
STREET ADDRESS	1480 MEADOWBROOK RD., N.E.		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32905-5007		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MCCANN, JOAN		6.2 NAME		
STREET ADDRESS	5140 WALKER AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	W. MELBOURNE FL 32904		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: WILLIAM N. DILLARD William N. Dillard 03/07/97 (407) 724-2510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #