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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 735170

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

Principal Place of Business	Mailing Address
1480 MEADOWBROOK ROAD N.E. PO BOX 861 PALM BAY FL 32906-0861 US	P.O. BOX 060861 PO BOX 861 PALM BAY FL 32906-0861 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/08/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2858366 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ 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	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RANDALL, GEORGIA		1.2 NAME	
STREET ADDRESS	2300 HALL RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	MALABAR FL 32950		1.4 CITY-ST-ZIP	
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	CURTIN, KEVIN		3.2 NAME	
STREET ADDRESS	2230 HOFFNER AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	COURTNEY, JOHN		4.2 NAME	
STREET ADDRESS	1920 MICHELS DRIVE N.E.		4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL		4.4 CITY-ST-ZIP	
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 (11/98)

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: William N. Dillard PRESIDENT 01-26-99 (407)724-2510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #