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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 2[illegible] AM 9:25

DOCUMENT # 748303 (5)

1. Corporation Name
GREATER VENICE FLORIDA DOG CLUB, INC.

Principal Place of Business	Mailing Address
PO BOX 2629 PT CHARLOTTE FL 33949 US	PO BOX 2629 PT CHARLOTTE FL 33949 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/31/1979
3a. Date of Last Report: 04/12/1994
4. FEI Number: 59-1301227 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

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

9. Name and Address of Current Registered Agent

COULTER, GENE
3890-C TAMIAMI TR
PT CHARLOTTE FL 33952

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	PD	11 TITLE	☐ Change ☐ Addition
NAME	HELLER, BARBARA	12 NAME	
STREET ADDRESS	4436 WESTWOOD LANE	13 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	CASTORAL, MARY	22 NAME	
STREET ADDRESS	2705 NORWOOD LANE	23 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	24 CITY-ST-ZIP	
TITLE	RS	31 TITLE	☐ Change ☐ Addition
NAME	ANDREWS, ANN	32 NAME	
STREET ADDRESS	7870 SADDLE CREEK TRAIL	33 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	COULTER, GENE	42 NAME	
STREET ADDRESS	PO BOX 2629 NA	43 STREET ADDRESS	
CITY-ST-ZIP	PT CHARLOTTE FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	KAUFFMAN, NED	52 NAME	
STREET ADDRESS	5507 CONTENTO DR	53 STREET ADDRESS	
CITY-ST-ZIP	SARASOTO FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	DAVIS, BARBARA	62 NAME	
STREET ADDRESS	5183 WILLOW LINKS	63 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	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: Eugene (Gene) Coulter Gene Coulter 5-15-95 813-627-7784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0681034