FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

DOCUMENT #
1. Corporation Name

748303

(5)

GREATER VENICE FLORIDA DOG CLUB, INC.					
Principal Place	e of Business	Mailing Address			1689 HIN 4884 DIAN BIBN 81814 \$1814 BHBN 1881
PO BOX 2629 PO BOX 2629 PT CHARLOTTE FL 33949-2629 US US			29		
				 Date Incorporated or Qualifie 07/31/1979 	ed 3a. Date of Last Report 03/13/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 P. 0	130× 1976 #, etc.	26 <i>P. O. B o.</i> X Suite, Apt. #, etc.	1976	59-1301227	Not Applicable
Suite, Apl.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State		6 Fination Compaign Financia	
⊢ '	NICE EL.	L	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 3 42	Country 25	28 VENICE 210 29 34285 3	Country		for intangible tax under s. 199.032,
[24]	9. Name and Address of Current	Registered Agent	0	Florida Statutes 10. Name and Address of New	Yes No
			81 Name	15. HARTIS MICH PROJECT ST 110H	Hogieret A Agent
				ddress (P.O. Box Number is Not Accep	otable)
1338 WALDEN DRIVE FORT MYERS FL 33901			83		<u> </u>
10111 111	TENOTE SOSOT		84 City		85 Zip Code
					FL III i
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.					
l	. .		da Statutes.		1/28/97
SIGNATURE .	Signature, typed or printed prime of register agen	It and title if applicable. (DIOTE: F	Registered Agent signature re	equired when reinstating)	DAVE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	CASTRORAL, MARY		1.2 NAME		
STREET ADDRESS	2705 NORWOOD LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		1.4 CITY - ST - ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		Change Addition
NAME	PURNELL, CHARLES		2.2 NAME		Mark Europe
STREET ADDRESS	242 SNYDER DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		2. 4 CITY-ST-ZIP		
TITLE	RS	DELETE	3.1 TITLE		Change Addition
NAME	DORITY, PAT	M. 11. 100	3.2 NAME		
STREET ADDRESS	4420 GREENWOOD STABLED	RIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	Document	3.4. C/TY-ST-Z/P		
TITLE	TD CEODOL	☐ DELETE	4.1 TITLE		Change Addition
NAME	KNAPP, GEORGE		4. 2 NAME		
STREET ADDRESS	1338 WALDEN DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	FORT MYERS FL D	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME	BRAUN, JOSEPH		5.2 NAME		
STREET ADDRESS	1020 DRURY LANE		1		
CITY-ST-ZIP	ENGLEWOOD FL		5.3 STREET ADDRESS		
TITLE	D ENGLEWOOD FL	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME	CROWLEY, S EAN	Deter			Es cuade
STREET ADDRESS	617 N. TAMIAMI TRAIL #85		•	CROWLEY, JEAN	
PITY-ST.7IP	VENICE EI		6.3 STREET ADDRESS		

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. GNATURE: GRAPA GRANGE & THE DESTRICT

SIGNATURE:

941-936-1520

FILED

Feb 04 1997 8:00am

Secretary of State