

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90009 009 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 748303 ✓

1. Corporation Name

GREATER VENICE FLORIDA DOG CLUB, INC.

Principal Place of Business

PO BOX 1976
VENICE FL 34285
US

Mailing Address

PO BOX 1796
VENICE FL 34285
US

594803 - 90009 - 3 *



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/31/1979

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-4804227-5:9-2323260

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KNAPP, GEORGE P.
11 PERIMETER DR
ENGLEWOOD FL 34223

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 GEORGE P. KNAPP TREAS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/12/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D
STREET ADDRESS CASTORAL, MARY
CITY-ST-ZIP 2705 NORWOOD LANE
VENICE FL 34292

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME S
STREET ADDRESS STETN, ALAN
CITY-ST-ZIP 2133 BLACKOAK CT
SARASOTA FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME VPD
STREET ADDRESS HELLEN, BARBARA
CITY-ST-ZIP 4436 WEST WOOD LN
SARASOTA FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME TD
STREET ADDRESS KNAPP, GEORGE
CITY-ST-ZIP 1338 WALDEN DRIVE
FORT MYERS FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME P
STREET ADDRESS BRAUN, JOSEPH
CITY-ST-ZIP 1020 DRURY LANE
ENGLEWOOD FL

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME Kaufman, Ned
5.3 STREET ADDRESS 5507 Contendo Dr.
5.4 CITY-ST-ZIP Sarasota, Fl. 34242

TITLE ☒ DELETE
NAME D
STREET ADDRESS CROWLEY, JEAN
CITY-ST-ZIP 617 N. TAMiami TRAIL #85
VENICE FL

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME Melzow, Micki
6.3 STREET ADDRESS 644 Michigan Dr. N.
6.4 CITY-ST-ZIP Venice, Fl. 34293

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:

SIGNATURE REQUIRED

7/12/99

941-473-1341

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)