

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750538 (1)

1. Corporation Name

COLLIE CLUB OF GREATER MIAMI, INC.

Principal Place of Business

Mailing Address

8291 LITTLE BETH DR. W.
BOYNTON BEACH FL 33437
US

8291 LITTLE BETH DR. W.
BOYNTON BEACH FL 33437
US



3. Date Incorporated or Qualified
01/09/1980

3a. Date of Last Report
04/28/1995

2. Principal Place of Business
21 4160 NORTHWEST 13 AVENUE

2a. Mailing Address
26 4160 NORTHWEST 13 AVENUE

4. FEI Number
65-0053795

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

23 FORT LAUDERDALE, FLORIDA

27 FORT LAUDERDALE, FLORIDA

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 33309

25 U.S.A.

29 33309

30 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JANE CATHCART
8291 LITTLE BETH DR W.
BOYNTON BEACH FL 33437

81 Name MARCIE WYROBECK

82 Street Address (P.O. Box Number is Not Acceptable)
4160 NORTHWEST 13 AVENUE

83

84 City FORT LAUDERDALE

FL

85 Zip Code 33309

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: *Marcie Wyrobeck* MARCIE WYROBECK, CORRESPONDING SECRETARY 5 August 1996
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	ABREU, REBECCA	21010 N.E. 24TH COURT	NORTH MIAMI BEACH FL	<input type="checkbox"/>
VT	MARTINEZ, MARY	4711 SW 164TH TERRACE	FT. LAUDERDALE FL	<input checked="" type="checkbox"/>
TT	MONTERO, LORI	98 DAYTON RD	LAKE WORTH FL	<input checked="" type="checkbox"/>
S	CUTTLE, BARBARA	9442 SW 184TH TERRACE	MIAMI FL	<input checked="" type="checkbox"/>
ST	CATHCART, JANE	8291 LITTLE BETH DR W.	BOYNTON BEACH FL	<input checked="" type="checkbox"/>
T	MCDERMOTT, LYNN	1761 SW 54 TERR	PLANTATION HARBOR FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
		500001924585	-08/19/96--01005--044	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		***61.25		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
VT	UNDERWOOD, CAROL	3771 S.W. 23 STREET	FORT LAUDERDALE, FLORIDA 33312	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
TT	MARYBETH HIGHT	P.O. BOX 17262 N/A	WEST PALM BEACH, FLORIDA 33416	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
S	COMPARATO, NANCY	5835 SW 87 WAY	COOPER CITY, FLORIDA 33328	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
ST	WYROBECK, MARCIE	4160 N.W. 13 AVENUE	FORT LAUDERDALE, FLORIDA 33309	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition
T	STERNBACH, FELICIA	11131 S.W. 69 TERRACE	MIAMI, FLORIDA 33173	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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)(k), 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:

Marcie Wyrobeck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARCIE WYROBECK

18 July 1996

Date

S.C. 423-8594

Daytime Phone #

0010485

CR2E037 (3/96)