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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **751299** (9)

1. Corporation Name

INVERNESS, FLA. KENNEL CLUB, INC.

Principal Place of Business

Mailing Address

P.O. BOX 328
ROCK CRUSHER ROAD
LECANTO FL 32661-0328

P.O. BOX 328
ROCK CRUSHER ROAD
LECANTO FL 32661-0328

3. Date Incorporated or Qualified

02/28/1980

4. FEI Number

59-2481794

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
P.O. BOX 328 ROCK CRUSHER RD.

26 Suite, Apt. #, etc.
PO BOX 328 ROCK CRUSHER ROAD

22 City & State
LECANTO, FL

27 City & State
LECANTO FL

23 Zip
34461-0328

28 Zip
34461-0328

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITTENHALL, JANE
ROCK CRUSHER ROAD
P.O. BOX 328
LECANTO FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
WHITTENHALL, JANE
BX 328, ROCK CRUSHER RD
LECANTO FL 34461**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
JEANNINE COATS
2210 E. SHALES CT
HERNANDO FL 34442**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
KONTRAFOURIS, MARA-LYNN
1706 S. GLENEAGLE TERR.
LECANTO FL 34461**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GANGLER, MARLA
3310 N. TYRONE AVE
HERNANDO FL 34442**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ANDERDSON, CORAL
10073 DOMINGO DR.
BROOKSVILLE FL 34801**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
MUCHTIN, LEONA
3848 W. DOUGLAS FIR CIRCLE
BEVERLY HILLS FL 34465**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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.

SIGNATURE:

Leona Muchtin

LEONA MUCHTIN, TREAS.

4-1-98

CP2E037 (10/97)