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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 751299

1. Corporation Name

INVERNESS, FLA. KENNEL CLUB, INC.

Principal Place of Business

P.O. BOX 328  
PO BOX 328 ROCK CRUSHER RD  
LECANTO FL 34461-328  
US

Mailing Address

P.O. BOX 328  
PO BOX 328 ROCK CRUSHER ROAD  
LECANTO FL 34461-328  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

02/28/1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

59-2481794

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24

25

29

30

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 PD ☐ DELETE

NAME WHITTENHALL, JANE

STREET ADDRESS BX 328, ROCK CRUSHER RD

CITY-ST-ZIP LECANTO FL 34461

TITLE D ☐ DELETE

NAME JEANNINE COATS

STREET ADDRESS 2210 E. SHALES CT

CITY-ST-ZIP HERNANDO FL 34442

TITLE VPD ☒ DELETE

NAME KONTRAFORIS, MARA-LYNN

STREET ADDRESS 1796 S. GLENEAGLE TERR.

CITY-ST-ZIP LECANTO FL 34461

TITLE D ☐ DELETE

NAME GANGLER, MARLA

STREET ADDRESS 3310 N. TYRONE AVE

CITY-ST-ZIP HERNANDO FL 34442

TITLE D ☐ DELETE

NAME ANDERDSON, CORAL

STREET ADDRESS 10073 DOMINGO DR.

CITY-ST-ZIP BROOKSVILLE FL 34601

TITLE TD ☐ DELETE

NAME MUCHTIN, LEONA

STREET ADDRESS 3848 W. DOUGLAS FIR CIRCLE

CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE:

*Leona Muchtin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-99

Date

352-746-4073

Daytime Phone #

0070063

CR2F037-41198