


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 756635 (9)

1. Corporation Name

CENTRAL FLORIDA DOG HUNTERS ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

PO BOX 115
OKLAWAHA FL 32179
US

PO BOX 115
OKLAWAHA FL 32179
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		03/06/1981		02/15/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22		27		59-2951916			
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

HICKSON KAREN
20575 S. E. 141ST LANE
UMATILLA FL 32808

10. Name and Address of New Registered Agent

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	DP
NAME	TEDDER, RAY	12 NAME	KEN HURST
STREET ADDRESS	6129 MANGROVE DRIVE	13 STREET ADDRESS	5514 CR 472
CITY-ST-ZIP	ZEPHR HILLS FL	14 CITY-ST-ZIP	OXFORD, FL 34484
TITLE	D	21 TITLE	DS
NAME	HURST, TERRY	22 NAME	DONNA EARLEST
STREET ADDRESS	PO BOX 165 NA	23 STREET ADDRESS	270 SAYEBROOK TRAIL
CITY-ST-ZIP	OXFORD FL	24 CITY-ST-ZIP	DEW SMYRNA BEACH, FL 32168
TITLE	DT	31 TITLE	DT
NAME	ELDRIDGE, MARIE	32 NAME	RUTH RUEGG
STREET ADDRESS	28231 SE 175 STR	33 STREET ADDRESS	17985 SE. 102 PLACE
CITY-ST-ZIP	UMATILLA FL	34 CITY-ST-ZIP	OKLAWAHA, FL 32179
TITLE	D	41 TITLE	
NAME	MARKUM, STAN	42 NAME	
STREET ADDRESS	16575 NE 45TH COURT	43 STREET ADDRESS	
CITY-ST-ZIP	CITRA FL	44 CITY-ST-ZIP	
TITLE	DS	51 TITLE	
NAME	BUCKHEISTER, DORI	52 NAME	
STREET ADDRESS	1688 S.E. 75TH STREET ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	OKLAWAHA FL	54 CITY-ST-ZIP	
TITLE	DS	61 TITLE	D
NAME	HICKSON, KAREN	62 NAME	
STREET ADDRESS	20575 S.E. 141ST LANE	63 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL	64 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96

Date

352-288-3370

Daytime Phone #

CR2E037 (12/95)