FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

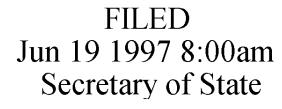
DOCUMENT # 756635

(9)

CENTRAL FLORIDA DOG HUNTERS ASSOCIATION, INCORPO

Principal Place of Business

Mailing Address





PO BOX 115 DKLAWAHA FL 32170 US				PO BOX 115 OKLAWAHA FL 32183-0115 US				3. Date Incorporated or Qualified		te of Last R	
								03/06/1981	03	3/04/199(6
2. Principal P	Place of Busin	ess	2a. Mailin	2a. Mailing Address				4. FEI Number	-l	Ar	plied For
21			26	26				59-2951916		No	t Applicable
Sulte, Apt.	#, etc.		Suite,	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
22			27					5. Certificate of Statos Desired		Fee Re	equired
City & Stat	te		City &	City & State				6. Election Campaign Financing		\$5.00	May Be
23			28					Trust Fund Contribution	Ц	Added	to Fees
Zip		Country	Zip	—				8. This corporation has liability for i	- ~ -	_	199.032
24	1:	25] and Address of Cur	29					Florida Statutes			
· ···	y, Name	and Address of Cur	rent Registered F	gent	81	Name		10. Name and Address of New Re	gistereti A	agent	
					"	Name					
HICKSON				82			Street Address (P.O. Box Number is Not Acceptable)				
	E. 141ST L	ANE .			83						
UMATILLA	A FL 32808				83	<u>'</u>					
.₩					84	City			F .	85 Zip (Code
44. 0	An Alice (1997)			Facility Aver	dea de l	<u></u>	-1	Allow and books the state of th	<u>FL</u>	<u> </u>	
office or a	to the provision to the provision in the	ons of Sections 617.0 ent, or both, in the St	ibuz and 617.150t ate of Florida. Suc	s, Fiorida Statu h change was	ites, the abov authorized b	/e-named by the co	a corpora progration	ation submits this statement for the p i's board of directors. I hereby accer	urpose of It the appr	changing it pintment as	s registered registered
agent. I a	ım fa mlliar wit	h, and accept the ob	ligations of, Section	on 617.0503, Fi	lorida Statute	98.	•	(· • •)			
SIGNATURE											
12,	Signature, typed i	or printed name of registered	AND DIRECTORS	ole. [NO	TE: Registered Aç	jent signatu	re required i	when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDG AND	DIRECTOR	P IN 12
TITLE	DP	OTTOLING	WE DIRECTORS	DELETE	1.1 TITLE		<u> </u>	ABBITIONO/OTTANGEO TO OTTE	ENO AND	Change	Addition
NAME	HURST, KI	ENJ			1.2 NAME					- Ditaily	
STREET ADDRESS	5514 CR 4					T ADDRESS	,				
CITY-ST-ZIP	OXFORD F				1.4 CITY-		`				
TITLE	SD	<u> </u>	· · · · · · · · · · · · · · · · · · ·	DELETE	2.1 TITLE	31-21				Change	Addition
NAME	EARNEST,	DONNA			2.2 NAME						
STREET ADDRESS		BROOK TRAIL				T ADDRESS	. [. *			
CITY-ST-ZIP	1 -11	RNA BCH FL			2. 4 CITY-		1				
TITLE	DT			DELETE	31 TITLE	U1 411	+			Change	Addition
NAME	RUEGG. R	UTH		_	3.2 NAME						
STREET ADDRESS		102 PLACE				T ADDRESS	;				
CITY-ST-ZIP	OCKLAWA		•		3.4. City-						
TITLE	D			DELETE	4.1 TITLE		 			Change	Addition
NAME	MARKUM,	STAN		_	4. 2 NAME	:					
STREET ADDRESS		45TH COURT				T address	.				
CITY-ST-ZIP	CITRA FL				4.4 CITY-						
TITLE	DS			DELETE	5.1 TITLE		1			☐ Change	☐ Addition
NAME	BUCKHEIS	TER. DORI			5.2 NAME					-	
STREET ADDRESS		75TH STREET RO	AD			T ADDRESS	.				
CITY-ST-ZIP	OCKLAWA		_		5.4 CITY -						
TITLE	D	* # 1 / b		DELETE	6.1 TITLE	U (E11				Change	Addition
NAME	HICKSON,	KARFN			6.2 NAME						
STREET ADDRESS		. 141ST LANE				T ADDRESS					
OTHER TRANSPORTS	LIBRATII I A				0.5 3 MEC						

14. I do 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 of Block 13 if changed, or on an attachment with an address.