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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 756635

1. Corporation Name

CENTRAL FLORIDA DOG HUNTERS ASSOCIATION, INCORPORATED

Principal Place of Business

PO BOX 115
OKLAWAHA FL 32179
US

Mailing Address

P. O. BOX 202
ALTOONA FL 32702-0202
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/06/1981

4. FEI Number

59-2951916

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

BOYD, ANDY
11485 SE 187TH TERRACE
OCKLOWAHA FL 32179

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

TITLE **DP** ☒ DELETE

NAME **FINCHER, DOUG**
STREET ADDRESS **16458 SE 49TH ST RD**
CITY-ST-ZIP **OCKLAWAHA FL 32179**

TITLE **DVP** ☐ DELETE

NAME **BOYD, ANDY**
STREET ADDRESS **11485 SE 187TH TERR**
CITY-ST-ZIP **OCKLAWAHA FL 32179**

TITLE **DT** ☐ DELETE

NAME **RUEGG, RUTH**
STREET ADDRESS **17985 SE 102 PLACE**
CITY-ST-ZIP **OCKLAWAHA FL**

TITLE **DS** ☒ DELETE

NAME **MITCHELL, ALMA**
STREET ADDRESS **30640 SE 97TH ST**
CITY-ST-ZIP **ALTOONA FL 32702**

TITLE **D** ☒ DELETE

NAME **SMITH, LYNN**
STREET ADDRESS **P. O. BOX 344**
CITY-ST-ZIP **POMONA PARK FL 32181**

TITLE **D** ☐ DELETE

NAME **HURST, TERRY**
STREET ADDRESS **P. O. BOX 165**
CITY-ST-ZIP **OXFORD FL 32184**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **MEMBER SHIP SEC** ☐ Change ☒ Addition

1.2 NAME **11399 188TH CT**
1.3 STREET ADDRESS **OCKLAWAHA, FL 32179**
1.4 CITY-ST-ZIP **BOB HAMPP**

2.1 TITLE **PRESIDENT** ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **DIRECTOR** ☐ Change ☒ Addition

3.2 NAME **STEVE KELLY**
3.3 STREET ADDRESS **5925 Delaware Ave**
3.4 CITY-ST-ZIP **New Port Richey FL 34652**

4.1 TITLE **DIRECTOR** ☐ Change ☒ Addition

4.2 NAME **KEV HURST**
4.3 STREET ADDRESS **5514 CR 472**
4.4 CITY-ST-ZIP **OXFORD, FL 34484**

5.1 TITLE **DIRECTOR** ☐ Change ☒ Addition

5.2 NAME **~~BOB FINCHER~~ Jimmy Wisc**
5.3 STREET ADDRESS **14198 S.E. 200 CT**
5.4 CITY-ST-ZIP **UMATILLA FL 32784**

6.1 TITLE **DIRECTOR** ☐ Change ☒ Addition

6.2 NAME **BETH LOVELACE**
6.3 STREET ADDRESS **7406 W Pierce HARWELL Rd.**
6.4 CITY-ST-ZIP **PLANT CITY, FL 33565**

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99

Date

Daytime Phone #

CR2E037 (11/98)