

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **765976** (6)  
1. Corporation Name  
**SOUTHEASTERN GUIDE DOGS, INC.**



Principal Place of Business <b>4210 77TH STREET, EAST PALMETTO FL 34221</b>	Mailing Address <b>4210 77TH STREET, EAST PALMETTO FL 34221</b>
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3. Date Incorporated or Qualified <b>12/03/1982</b>	
4. FEI Number <b>59-2252352</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**SERGEANT, MIKE  
4210 77TH STREET EAST  
PALMETTO FL 34221**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	PD NAME SILVERMAN, HARRIS M.D. STREET ADDRESS 4007 BAYSIDE DR. CITY-ST-ZIP BRADENTON FL
<input type="checkbox"/> DELETE	
TITLE	VPD NAME MUMFORD, RUFUS STREET ADDRESS 6204 45TH ST. W. CITY-ST-ZIP BRADENTON FL
<input checked="" type="checkbox"/> DELETE	
TITLE	TD NAME SHERMAN, ROBERT STREET ADDRESS 114 30TH ST. W. CITY-ST-ZIP BRADENTON FL
<input type="checkbox"/> DELETE	
TITLE	PED NAME BRESLAW, HERBERT STREET ADDRESS 212 6 AVE. SW CITY-ST-ZIP RUSKIN FL
<input checked="" type="checkbox"/> DELETE	
TITLE	SD NAME GAAR, WILLIAM C STREET ADDRESS 1715 91ST ST. N.W. CITY-ST-ZIP BRADENTON FL
<input type="checkbox"/> DELETE	
TITLE	EDCO NAME SERGEANT, MIKE STREET ADDRESS 4210 77 ST. E. CITY-ST-ZIP PALMETTO FL
<input type="checkbox"/> DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michael Sergeant* **Michael Sergeant** 4/15/98 729-51065 (941)

CR2E037 (10/97)