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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **765976**

1. Corporation Name
SOUTHEASTERN GUIDE DOGS, INC.

498766 - 90020 - 28

Principal Place of Business	Mailing Address
4210 77TH STREET. EAST PALMETTO FL 34221	4210 77TH STREET. EAST PALMETTO FL 34221

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/03/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2252352 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SILVERMAN, HARRIS M.D.		1.2 NAME		
STREET ADDRESS	4007 BAYSIDE DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE	Secretary	XX Change ☐ Addition
NAME	SHERMAN, ROBERT		2.2 NAME		
STREET ADDRESS	114 30TH ST. W.		2.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	Treasurer	XX Change ☐ Addition
NAME	GAAR, WILLIAM C		3.2 NAME		
STREET ADDRESS	1715 91ST ST. N.W.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		3.4. CITY-ST-ZIP		
TITLE	EDCO	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SERGEANT, MIKE		4. 2 NAME		
STREET ADDRESS	4210 77 ST. E.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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] DR. Michael Sergeant 4/28/99 (941) 729-5665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #