

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

DOCUMENT # 767992 (1)

1. Corporation Name

GULFCOAST SCHUTZHUND CLUB, INC.



Principal Place of Business

Mailing Address

**14007 BRIARDALE LANE
TAMPA FL 33618**

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TAMPA FL 33618**

3. Date incorporated or Qualified
04/18/1983

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-2387514

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NEFF, CHRISTINE K
14007 BRIARDALE LANE
TAMPA FL 33618**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	NEFF, CHRISTINE	
STREET ADDRESS	14007 BRIARDALE LANE	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JERRY, GARBER M	
STREET ADDRESS	P.O. BOX N/A	
CITY-ST-ZIP	CITRA FL 32113	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CAROLY BOUDREAU	
STREET ADDRESS	27752 RAVENSBROOK RD	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HENRY, GANDINO	
STREET ADDRESS	11305 JACK RABBIT LANE	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMAS, SPIVEY	
STREET ADDRESS	P.O. BOX 340008 N/A	
CITY-ST-ZIP	TAMPA FL 33694-0008	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOANN GANDINO	
STREET ADDRESS	11305 JACK RABBIT LANE	
CITY-ST-ZIP	PORT RICHEY FL	

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Spivey, Thomas	
1.3 STREET ADDRESS	P.O. Box 340008	
1.4 CITY-ST-ZIP	Tampa, FL 33694-0008	
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	500001730285	
3.4 CITY-ST-ZIP	-03/04/96--01030--012	
4.1 TITLE	***61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Neff, Christine	
5.3 STREET ADDRESS	14007 Briardale Lane	
5.4 CITY-ST-ZIP	Tampa, FL	
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 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:

Christine Kay Neff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-9

Date

813-960-8874

Daytime Phone #

CR2E037 (12/95)