

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
GULF COAST SCHUTZHUND CLUB, INC.



Principal Place of Business: 14007 BRIARDALE LANE TAMPA FL 33618
Mailing Address: 14007 BRIARDALE LANE TAMPA FL 33618

3. Date incorporated or Qualified: 04/18/1983
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2387514
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

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
**NEFF, CHRISTINE K
14007 BRIARDALE LANE
TAMPA FL 33618**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: P NAME: NEFF, CHRISTINE STREET ADDRESS: 14007 BRIARDALE LANE CITY-ST-ZIP: TAMPA FL	<input type="checkbox"/> DELETE	1.1 TITLE: President 1.2 NAME: Spivey, Thomas 1.3 STREET ADDRESS: P.O. Box 340008 1.4 CITY-ST-ZIP: Tampa, FL 33694-0008 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: JERRY, GARBER M STREET ADDRESS: P.O. BOX N/A CITY-ST-ZIP: CITRA FL 32113	<input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:
TITLE: S NAME: CAROLY BOUDREAU STREET ADDRESS: 27752 RAVENSBROOK RD CITY-ST-ZIP: WESLEY CHAPEL FL 33544	<input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:
TITLE: T NAME: HENRY, GANDINO STREET ADDRESS: 11305 JACK RABBIT LANE CITY-ST-ZIP: PORT RICHEY FL 34668	<input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:
TITLE: D NAME: THOMAS, SPIVEY STREET ADDRESS: P.O. BOX 340008 N/A CITY-ST-ZIP: TAMPA FL 33694-0008	<input type="checkbox"/> DELETE	5.1 TITLE: Director 5.2 NAME: Neff, Christine 5.3 STREET ADDRESS: 14007 Briardale Lane 5.4 CITY-ST-ZIP: Tampa, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: JOANN GANDINO STREET ADDRESS: 11305 JACK RABBIT LANE CITY-ST-ZIP: PORT RICHEY FL	<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:

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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 Date: 2-15-9 813-960-8874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)