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Jun 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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
14007 BRIARDALE LANE TAMPA FL 33618-2209

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 13454 HAYS ROAD		26 SAME		04/18/1983		03/01/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 Spring Hill, FL		28 City & State		59-2387514		Not Applicable	
24 34610		25 USA		29		30	
29		30		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
				<input type="checkbox"/>			
				6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
				<input type="checkbox"/>			
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 Christine K. Neff
82 Street Address (P.O. Box Number is Not Acceptable) 13454 HAYS ROAD
83
84 City Spring Hill FL 85 Zip Code 34610

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 Christine Kay Neff DATE 4-26-97
Signature, typed or printed name of registered agent or agent in lieu if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	P/D	<input type="checkbox"/> DELETE
NAME	SPIVEY, THOMAS	
STREET ADDRESS	P.O. BOX 340888	
CITY-ST-ZIP	TAMPA FL 33684-0008	
TITLE	JERRY, GARBER M	<input type="checkbox"/> DELETE
NAME	JERRY, GARBER M	
STREET ADDRESS	P.O. BOX N/A	
CITY-ST-ZIP	CITRA FL 32113	
TITLE	S/D	<input type="checkbox"/> DELETE
NAME	CAROLY BOUDREAU	
STREET ADDRESS	27752 RAVENSBROOK RD	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HENRY, GANDINO	
STREET ADDRESS	11305 JACK RABBIT LANE	
CITY-ST-ZIP	PORT RICHEY FL 34888	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NEFF, CHRISTINE	
STREET ADDRESS	14007 BRIARDALE LANE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOANN GANDINO	
STREET ADDRESS	11305 JACK RABBIT LANE	
CITY-ST-ZIP	PORT RICHEY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P/D Thomas Spivey	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	8316 Quail Hollow Blvd.	
1.3 STREET ADDRESS	Wesley Chapel, Fl. 33544	
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	P/D Carolyn Boudreau	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	27752 Ravensbrook Rd	
3.3 STREET ADDRESS	Wesley Chapel, Fl. 33544	
3.4 CITY-ST-ZIP		
4.1 TITLE	T/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Neff, Christine	
4.3 STREET ADDRESS	13454 HAYS ROAD	
4.4 CITY-ST-ZIP	Spring Hill, Fl 34610	
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 do 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 Christine Kay Neff DATE 4-26-97 (813)995-0050

CR2E037 (9/96)