


FILE NOW: FILING FEE IS \$61.25

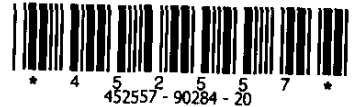
FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90284 020 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harritt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 767992 ✓ (1)
 1. Corporation Name
 GULFCOAST SCHUTZHUND CLUB INC.

Principal Place of Business	Mailing Address
13454 Hays Road Spring Hill, FL 34610	13454 Hays Road Spring Hill, FL 34610



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	04/18/1983
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2387514
City & State	City & State	5. Certificate of Status Desired
23	28	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	29
24	25	29
Zip	Country	30
24	25	30
24	25	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
NEFF, CHRISTINE K 13454 Hays Road Spring Hill, FL 34610		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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	BD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIVEY, THOMAS	1.2 NAME	
STREET ADDRESS	8316 QUAL HOLLOW BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WESLEY CHAPEL, FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARBER, JERRY M	2.2 NAME	
STREET ADDRESS	PO Box N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	CITRA, FL 32113	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUDREAU, CAROLYN	3.2 NAME	
STREET ADDRESS	27752 RAVENSBROOK RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WESLEY CHAPEL, FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEFF, CHRISTINE	4.2 NAME	
STREET ADDRESS	13454 HAYS RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL, FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Christine K. Neff Christine K. Neff 4/23/99 813-995-0059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)