

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F12404 (2)

1. Corporation Name

GERMAN SHORTHAIRED POINTER CLUB OF NORTH FLORIDA
, INC.



Principal Place of Business

Mailing Address

82 LAKE VIEW DR. EAST
OCALA FL 34482
US

82 LAKEVIEW DR. EAST
OCALA FL 34482
US

3. Date Incorporated or Qualified

12/19/1980

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

Country

29 Zip

Country

4. FEI Number

59-2713605

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

RUELA, JOSEPH
82 LAKEVIEW DR., E.
MEADOWWOOD FARMS
OCALA FL 34482

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

JOSEPH RUELA TREASURER

3-12-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
RUELA, JESSIE
STREET ADDRESS
82 LAKE VIEW DR. EAST
CITY-ST-ZIP
OCALA FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
JACOBS, REBECCA
STREET ADDRESS
7178 NACHEZ
CITY-ST-ZIP
NORTH PORT FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
RUELA, JOE
STREET ADDRESS
82 LAKEVIEW DR., E.
CITY-ST-ZIP
OCALA FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☒ DELETE

NAME
HAMPTON, CAROL
STREET ADDRESS
4480 WESTVIEW AVE
CITY-ST-ZIP
TITUSVILLE FL

4.1 TITLE ☒ Change ☒ Addition

TITLE ☐ DELETE

NAME
HARRISON, SUSAN
STREET ADDRESS
1004 SE 6TH ST.
CITY-ST-ZIP
FT. LAUDERDALE FL

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STANFILL, HIRAM
STREET ADDRESS
15318 INDIAN HEAD DR.
CITY-ST-ZIP
TAMPA FL

6.1 TITLE ☐ Change ☐ Addition

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH RUELA TREASURER 3/12/96 352-

DATE

DAYTIME PHONE #

072-3215

CR2E034 (12/95)