

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jan 15 1998 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # F12404 (2)**

1. Corporation Name  
**GERMAN SHORTHAIRED POINTER CLUB OF NORTH FLORIDA, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>82 LAKE VIEW DR. EAST<br/>                 OCALA FL 34482<br/>                 US</b> | Mailing Address<br><b>82 LAKEVIEW DR. EAST<br/>                 OCALA FL 34482<br/>                 US</b> |
|---|--|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/19/1980**

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

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 owes or has paid the current year Intangible Personal Property Tax due June 30  Yes  No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |   |
|----------------|---|
| TITLE          | <b>S</b> <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>RUELA, JESSIE</b>                                |
| STREET ADDRESS | <b>82 LAKE VIEW DR. EAST</b>                        |
| CITY-ST-ZIP    | <b>OCALA FL</b>                                     |
| TITLE          | <b>VP</b> <input type="checkbox"/> DELETE           |
| NAME           | <b>JACOBS, REBECCA</b>                              |
| STREET ADDRESS | <b>7178 NATCHEZ</b>                                 |
| CITY-ST-ZIP    | <b>NORTH PORT FL</b>                                |
| TITLE          | <b>T</b> <input type="checkbox"/> DELETE            |
| NAME           | <b>RUELA, JOE</b>                                   |
| STREET ADDRESS | <b>82 LAKEVIEW DR., E.</b>                          |
| CITY-ST-ZIP    | <b>OCALA FL</b>                                     |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE            |
| NAME           | <b>HARRISON, SUSAN</b>                              |
| STREET ADDRESS | <b>1004 SE 6TH ST.</b>                              |
| CITY-ST-ZIP    | <b>FT. LAUDERDALE FL</b>                            |
| TITLE          | <b>PRES</b> <input type="checkbox"/> DELETE         |
| NAME           | <b>STANFILL, HIRAM</b>                              |
| STREET ADDRESS | <b>15318 INDIAN HEAD DR.</b>                        |
| CITY-ST-ZIP    | <b>TAMPA FL</b>                                     |
| TITLE          | <input type="checkbox"/> DELETE                     |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| 1.2 NAME           | <b>STANFILL, MINDY</b>   |
| 1.3 STREET ADDRESS | <b>15318 INDIAN HEAD DR.</b>   |
| 1.4 CITY-ST-ZIP    | <b>TAMPA, FL.</b>  |
| 2.1 TITLE          | <b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 2.2 NAME           | <b>JACOBS, REBECCA</b>   |
| 2.3 STREET ADDRESS | <b>7178 NATCHEZ</b>  |
| 2.4 CITY-ST-ZIP    | <b>NORTH PORT FL.</b>  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           | <b>STANFILL, HIRAM</b>   |
| 5.3 STREET ADDRESS | <b>15318 INDIAN HEAD DR.</b>   |
| 5.4 CITY-ST-ZIP    | <b>TAMPA, FL.</b>  |
| 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph Ruela Date: 1-7-98 352-873-3065

CR2E034 (10/97)