

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

FILED
Jan 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F12404 (2)
1. Corporation Name
GERMAN SHORTHAIRED POINTER CLUB OF NORTH FLORIDA, INC.

Principal Place of Business 82 LAKE VIEW DR. EAST OCALA FL 34482 US	Mailing Address 82 LAKEVIEW DR. EAST OCALA FL 34482 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/19/1980	
4. FEI Number 59-2713605		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> 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 FL 85 Zip Code	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE S	<input checked="" type="checkbox"/> DELETE	1.1 TITLE STANFILL, MINDY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RUELA, JESSIE		1.2 NAME 15318 INDIAN HEAD DR.	
STREET ADDRESS 82 LAKE VIEW DR. EAST		1.3 STREET ADDRESS TAMPA, FL.	
CITY-ST-ZIP OCALA FL		1.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JACOBS, REBECCA		2.2 NAME JACOBS, REBECCA	
STREET ADDRESS 7178 NATCHEZ		2.3 STREET ADDRESS 7178 NATCHEZ	
CITY-ST-ZIP NORTH PORT FL		2.4 CITY-ST-ZIP NORTH PORT FL.	
TITLE T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RUELA, JOE		3.2 NAME	
STREET ADDRESS 82 LAKEVIEW DR., E.		3.3 STREET ADDRESS	
CITY-ST-ZIP OCALA FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARRISON, SUSAN		4.2 NAME	
STREET ADDRESS 1004 SE 6TH ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE FL		4.4 CITY-ST-ZIP	
TITLE PRES	<input type="checkbox"/> DELETE	5.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STANFILL, HIRAM		5.2 NAME STANFILL, HIRAM	
STREET ADDRESS 15318 INDIAN HEAD DR.		5.3 STREET ADDRESS 15318 INDIAN HEAD DR.	
CITY-ST-ZIP TAMPA FL		5.4 CITY-ST-ZIP TAMPA, FL.	
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 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* 1-7-98 352-873-3065

CR2E034 (10/97)