

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F12404

1. Corporation Name

GERMAN SHORTHAIRED POINTER CLUB OF NORTH FLORIDA
, INC.

Principal Place of Business

82 LAKEVIEW DR. EAST
OCALA FL 34482
US

Mailing Address

82 LAKEVIEW DR. EAST
OCALA FL 34482
US

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90140 047 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1980

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 the current year intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 17760 121st TER. No

2a. Mailing Address

26 Suite, Apt. #, etc. SAME

City & State

23 Jupiter, FL

City & State

28

Zip

24 33478

Country

25 US

Zip

29

Country

30

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

PAULA GIGLIOTTI

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

83

17760 121st TER. No.

84 City

Jupiter

FL

85 Zip Code

33478

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☒ DELETE

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

TITLE P ☒ DELETE

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

TITLE T ☒ DELETE

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

TITLE D ☐ DELETE

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

TITLE VP ☒ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Secretary ☐ Change ☒ Addition

1.2 NAME melissa Simberlund
1.3 STREET ADDRESS 2864 SW Seaside Rd.
1.4 CITY-ST-ZIP Port St. Lucie, FL 34955

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Treasurer ☒ Change ☒ Addition

3.2 NAME PAULA GIGLIOTTI
3.3 STREET ADDRESS 17760 121st TER. No.
3.4 CITY-ST-ZIP Jupiter, FL 33478

4.1 TITLE President ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Vice President ☐ Change ☒ Addition

5.2 NAME Evelyn Maloney
5.3 STREET ADDRESS P.O. Box 944
5.4 CITY-ST-ZIP Archer, FL 32618

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99 (561)355-6782

CR2E034 (11/98)

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