

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90008 023 ****61.25

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1. Corporation Name

THE BASENJI CLUB OF AMERICA, INC.

Principal Place of Business
7800 NW 14TH ST.
OCALA FL 34482-4448

Mailing Address
7800 NW 14TH ST.
OCALA FL 34482-4448



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/14/1998

4. FEI Number

38-6109851

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

9. Name and Address of Current Registered Agent

GRUNDMAN, MARGARET B
7800 NW 14TH ST.
OCALA FL 34482-4448

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

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

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 DC
NAME BOLTE, DAMARA
STREET ADDRESS 41674 BROWN'S FARM LN.
CITY-ST-ZIP LEESBURG VA 22075

TITLE D
NAME CARTER, STAN
STREET ADDRESS 611 ROUNDSTONE DR.
CITY-ST-ZIP ST. CHARLES MO 63304

TITLE D
NAME COE, SUSAN
STREET ADDRESS 789 LINTON HILL RD.
CITY-ST-ZIP NEWTOWN PA 18940

TITLE D
NAME SCHREIBER, KARLA
STREET ADDRESS 15 N. WHEELING RD.
CITY-ST-ZIP PROSPECT HEIGHTS IL 60070

TITLE P
NAME GREENLEE, MARGARET
STREET ADDRESS 9000 SW 19TH AVE RD.
CITY-ST-ZIP Ocala FL 34476

TITLE V
NAME PAYSINGER, ANDREA
STREET ADDRESS 45800 CHALLENGER WAY SPC 239
CITY-ST-ZIP LANCASTER CA 93535

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE T
2.2 NAME GRUNDMAN, MARGARET
2.3 STREET ADDRESS 7800 NW 14TH ST
2.4 CITY-ST-ZIP Ocala FL 34402

3.1 TITLE S
3.2 NAME GRAVES, ANNE
3.3 STREET ADDRESS 5102 DARNELL
3.4 CITY-ST-ZIP HOUSTON TX 77096

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 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: *Margaret Grundman* TREASURER

01-07-99

352-854-7144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)