

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N04095 (8)

1. Corporation Name

DOG OBEDIENCE CLUBS OF FLORIDA, INC.



Principal Place of Business

2823 TRENTWOOD BLVD
ORLANDO FL 32812

Mailing Address

2823 TRENTWOOD BLVD
ORLANDO FL 32812

3. Date Incorporated or Qualified
07/10/1984

3a. Date of Last Report
04/19/1995

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

28 Zip Country

4. FEI Number

59-3001594

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

KREJCI, MARILYN
2823 TRENTWOOD BLVD.
ORLANDO FL 32812

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 ☐ DELETE
NAME ~~MISSLER, KARE~~
STREET ADDRESS ~~6500 X 89TH AVE, NORTH~~
CITY-ST-ZIP ~~PINEHILLS PARK FL~~

TITLE ☐ DELETE
NAME ~~VD GROTHEER, NANCY~~
STREET ADDRESS ~~4281 CRESTDAL ST~~
CITY-ST-ZIP ~~PALM BEACH GARDENS FL~~

TITLE ☐ DELETE
NAME ~~SD SAWYER, JENNIFER~~
STREET ADDRESS ~~8329 MATTITUCK CIRCLE~~
CITY-ST-ZIP ~~ORLANDO FL~~

TITLE ☐ DELETE
NAME ~~TD KREJCI, MARILYN~~
STREET ADDRESS ~~2823 TRENTWOOD BLVD.~~
CITY-ST-ZIP ~~ORLANDO FL~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME ~~PD~~
1.3 STREET ADDRESS ~~GROTHEER, NANCY~~
1.4 CITY-ST-ZIP ~~4281 Crestdale Street~~
~~Palm Beach Gardens, Fl. 33410~~

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME ~~VD~~
2.3 STREET ADDRESS ~~AINSLEY, MARY LOU~~
2.4 CITY-ST-ZIP ~~10120 Buck Road~~
~~Orlando, Fl. 32817~~

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE:

Marilyn Krejci

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)