

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90026 030 ****61.25

DOCUMENT # N04095

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/10/1984	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3001594	
25 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired ☐	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing ☐	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

KREJCI, MARILYN
2823 TRENTWOOD BLVD.
ORLANDO FL 32812

Deceased 5-22-99

10. Name and Address of New Registered Agent

81 Name Nancy Grotheer
82 Street Address (P.O. Box Number is Not Acceptable) 4281 Crestdale St.
83
84 City Palm Beach Gardens, FL 85 Zip Code 33410

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 Nancy Grotheer Nancy Grotheer 7-15-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GROTHEER, NANCY	1.2 NAME	
STREET ADDRESS	4281 CRESDALE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RAYMO, CLAUDINE	2.2 NAME	
STREET ADDRESS	920 W OAK RIDGE RD., APT 19	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LACETTE, P.J.	3.2 NAME	
STREET ADDRESS	50 N EDMON AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	TD ☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KREJCI, MARILYN Deceased 5-22-99	4.2 NAME	
STREET ADDRESS	2823 TRENTWOOD BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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 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:

Nancy Grotheer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-99

Date

561-622-4151

Daytime Phone #

CR2E037 (5/99)

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