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FILED

Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14094 (9)

1. Corporation Name

SOUTHWEST FLORIDA SCHUTZHUND CLUB, INC.

Principal Place of Business

Mailing Address

P.O. BOX 3668
NORTH FT. MYERS FL 33918P.O. BOX 3668
NORTH FT. MYERS FL 33918-36683. Date Incorporated or Qualified
03/28/19863a. Date of Last Report
03/30/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0015090

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

BARTOW, BILL
105 SW 39 PL
CAPE CORAL FL 33991

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

BILL BARTOW pres Bill Bartow pres

1-30-97

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	<input type="checkbox"/> DELETE
NAME	BARTOW, BILL	
STREET ADDRESS	105 SW 39 PL	
CITY-ST-ZIP	CAPE CORAL FL 33991	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	VP/D	<input checked="" type="checkbox"/> DELETE
NAME	GRADY, BOB	
STREET ADDRESS	3355 C.R. 769	
CITY-ST-ZIP	ARCADIA FL 33927	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Brenda Solveson
2.3 STREET ADDRESS	2213 River Pine Dr
2.4 CITY-ST-ZIP	FT Myers FL 33905

TITLE	STD	<input type="checkbox"/> DELETE
NAME	HARLEY, BOB	
STREET ADDRESS	8231 NALLE GRADE RD.	
CITY-ST-ZIP	FT. MYERS FL 33917	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME	Bartow Bill T	
STREET ADDRESS	105 SW 39 PL	
CITY-ST-ZIP	Cape Coral FL 33991	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME	Solveson Brenda T	
STREET ADDRESS	2213 River Pine Dr	
CITY-ST-ZIP	FT Myers FL 33905	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME	Harley Bob T	
STREET ADDRESS	6231 Nalle Grade Rd	
CITY-ST-ZIP	FT Myers FL 33917	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE

Bill Bartow pres BILL BARTOW

1-30-97

941
273 1094

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 00000000

CR2E037 (9/96)