## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N14094**

1. Corporation Name

SOUTHWEST FLORIDA SCHUTZHUND CLUB, INC.

Principal Place of Business P.O. BOX 3668-NORTH FT. MYERS FL 33918

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

P.O. BOX 3668

NORTH FT. MYERS FL 33918

Suite, Apt. #, etc.

2a. Mailing Address Loch moor Circle

## **FILED** Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90135 032 \*\*\*\*61.25

|--|

Applied For

3. Date Incorporated or Qualifed

03/28/1986

4. FEI Number

,	, 500.	27		65-00:15090	Not Applicable	
City & State	9	City & State Myer	s. Fl	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip	Country	Zip 3903 3	Country SQ	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
*	9. Name and Address of Current F	<del>   </del>	<u> </u>	10. Name and Address of New Registere	d Agent	
81 Name John a. Mayor						
DADTOW	00.1		82 Street Ad		1	
BARTOW,			62 Street At	ddress (P.O. Box Number is Not Acceptable)	.le	
105 SW 3			83	) ·		
CAPE CORAL FL 33991						
			84 City	N. Fb. Myers F		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this sultement 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 obligators of Section 617.0503 profile Statutes.						
agent. I a	m familiar with, and accept the obligation	s of, Section 617.0503 Plori	a Staffies M	es nalnale	29	
SIGNATURE	polan a. VV	Caroc UVII	NW. MUV	120/69	1 1	
12.	Signature typed or printed name of registered agent at OFFICERS AND		egistered Agent signature red 13.	ADDITIONS/CHANGES TO OFFICERS /	AND DIRECTORS IN 12	
ITLE	PD OFFICERS AND	DELETE	1.1 TITLE	PD - 1	☐ Change Addition	
NAME	• =-	an reserve		Robert D. Taylor		
	BARTOW, BILL 105 SW 39 PL		1.3 STREET ADDRESS	42,10 3 RO St. W.		
STREET ADDRESS	CAPE CORAL FL 33991			Lehigh acres. Fl 334	971	
CITY-ST-ZIP TITLE	VPD	☐ DELETE		TD J and	Change Addition	
NAME	MAYOR, JOHN			John a. Mayor		
STREET ADDRESS	2141 LOCKMOOR CIR			2141 Lochmost Circle	_	
TITY-ST-ZIP	-N-FT-MYERS-FL-33903		-2.4 CITY-ST-ZIP	V. Fb. Mulls. Fl 33.	903	
TITLE	STD	X DELETE	3.1 TITLE	SD. A Ja	Change Addition	
NAME	HARLEY, BOB		3.2 NAME	Tina Repleiro		
STREET ADDRESS	6231 NALLE GRADE RD.		3.3 STREET ADORESS	ALLI LOCHMOOF LIFCLE		
CITY-ST-ZIP	FT. MYERS FL 33917		3.4. CITY-ST-ZIP	N. Fb. Myers, F1 339	03	
TITLE	7 11 111 10 10 00011	M DELETE	4.1 TITLE	<del></del>	Change Addition	
NAME	BARTOW, BILL		4. 2 NAME			
STREET ADDRESS	105 SW 39 PL		4.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL		4.4 CITY-ST-ZIP			
mre .	T	DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME	SOLVENSOM, BRYNDA		5.2 NAME			
STREET ADDRESS	2213 RIVER RUNS DR		5.3 STREET ADORESS		•	
CITY-ST-ZIP	FT MYERS FL		5.4 CITY-ST-ZIP			
TITLE	T	DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME	HARLEY, BOB		6.2 NAME			
STREET ADDRESS	6231 NALLE GRADE RD		6.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL		6.4 CITY-ST-ZIP			
44 1 5 5	- 416 - 45 - 4 45 - information graphical with	this filing does not qualify for t	he examption stated i	in Section 119 07(3)(i) Florida Statutes I further o	ertify 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, of on an attachment with an endingers, with all other like empowered.

**SIGNATURE:**