FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 PM 6:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N22889** **(2)**

1. Corporation Name

OCHLOCKONEE RIVER KENNEL CLUB OF FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% JANICE MORAN 1467 NORA DR TALLAHASSEE FL 32310 US	% JANICE MORAN 1467 NORA DR TALLAHASSEE FL 32310 US

3. Date Incorporated or Qualified: 10/07/1987
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-2810153 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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
MORAN, JANICE 1467 NORA DR TALLAHASSEE FL 32310	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	DOUGLAS, BILL	1.2 NAME	
STREET ADDRESS	RT 4 BOX 24B	1.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	MOAT, JUDY	2.2 NAME	JACKSON, ELEANOR
STREET ADDRESS	3622 HOOVER CT	2.3 STREET ADDRESS	5663 BRADFORDVILLE RD.
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	MORAN, JANICE	3.2 NAME	
STREET ADDRESS	1467 NORA DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	SD ☒ Change ☐ Addition
NAME	TEMPLETON, MARY K.	4.2 NAME	RENNOW, ELIZABETH
STREET ADDRESS	5323 VELDA DALAY RD.	4.3 STREET ADDRESS	3230 HESTER DRIVE
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	PD	5.1 TITLE	PD ☒ Change ☐ Addition
NAME	JACKSON, ELEANOR	5.2 NAME	McPHATE, DONNA
STREET ADDRESS	5663 BRADFORDVILLE RD	5.3 STREET ADDRESS	RT. 4, BOX 4782
CITY-ST-ZIP	TALLAHASSEE FL 32308	5.4 CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	D	6.1 TITLE	SD ☒ Change ☐ Addition
NAME	ANDREWS, FRANK	6.2 NAME	TEMPLETON, MARY May
STREET ADDRESS	9145 CONESTOGA AVE.	6.3 STREET ADDRESS	5323 VELDA DAIRY RD.
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308

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)(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: Janice Moran – JANICE MORAN 4/15/95 575-5618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027488