

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 # **N22889** (2)

1. Corporation Name

OCHLOCKONEE RIVER KENNEL CLUB OF FLORIDA, INC.



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
04/28/1995

2. Principal Place of Business
21 % Virginia Cavallaro

2a. Mailing Address
26 % Virginia Cavallaro

4. FEI Number
59-2810153

Applied For
Not Applicable

22 Suite, Apt., etc.
55 Kennel Ln.

27 Suite, Apt., etc.
55 Kennel Ln.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 City & State
Crawfordville, FL.

28 City & State
Crawfordville, FL.

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip
32327

25 Country
Wakulla

29 Zip
32327

30 Country
Wakulla

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
Virginia Cavallaro

82 Street Address (P.O. Box Number is Not Acceptable)
55 Kennel Lane

83

84 City
Crawfordville

FL

85 Zip Code
32327

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 **Virginia Cavallaro**

(NOTE: Registered Agent signature required when reinstating)

3/4/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	DOUGLAS, BILL	
STREET ADDRESS	RT 4 BOX 24B	
CITY-ST-ZIP	MONTICELLO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JACKSON, ELEANOR	
STREET ADDRESS	5663 BRADFORDVILLE, RD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MORAN, JANICE	
STREET ADDRESS	1467 NORA DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RENNOW, ELIZABETH	
STREET ADDRESS	3232 HESTER DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCPHATE, DONNA	
STREET ADDRESS	RT. 4, BOX 4782	
CITY-ST-ZIP	MONTICELLO FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	TEMPLETON, MARY GAY	
STREET ADDRESS	5323 VELDA DAIRY ROAD	
CITY-ST-ZIP	TALLAHASSEE FL	

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Douglas, Bill	
1.3 STREET ADDRESS	Rt 4 Box 24 B	
1.4 CITY-ST-ZIP	Monticello, FL 32344	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Christine Maples	
2.3 STREET ADDRESS	4830 Fred George Rd.	
2.4 CITY-ST-ZIP	Tallahassee, FL 32303	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Virginia Cavallaro	
3.3 STREET ADDRESS	55 Kennel Ln.	
3.4 CITY-ST-ZIP	Crawfordville, FL 32327	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Rennow, Elizabeth	
4.3 STREET ADDRESS	3232 Hester Dr.	
4.4 CITY-ST-ZIP	Tallahassee, FL 32306	
5.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	McPhate, Donna	
5.3 STREET ADDRESS	Rt 4 Box 4782	
5.4 CITY-ST-ZIP	Monticello, FL 32344	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Candace McMahon	
6.3 STREET ADDRESS	2309 Shamrock N.	
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)(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: **Virginia Cavallaro**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/96
Date

904926 3853
Daytime Phone #

CR2E037 (12/95)