


FILE NOW: FILING FEE IS \$61.25

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Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N22889 (2)
1. Corporation Name
OCHLOCKONEE RIVER KENNEL CLUB OF FLORIDA, INC.



Principal Place of Business % VIRGINIA CAVALLARO 55 KENNEL LANE CRAWFORDVILLE FL 32327 US	Mailing Address % VIRGINIA CAVALLARO 55 KENNEL LANE CRAWFORDVILLE FL 32327-2075 US
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21 2. Principal Place of Business Suite, Apt. #, etc.	26 2a. Mailing Address Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip 32327
25 Country	30 Country

3. Date Incorporated or Qualified 10/07/1987	3a. Date of Last Report 03/15/1996
4. FEI Number 59-2810153	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
CAVALLARO, VIRGINIA 55 KENNEL LANE CRAWFORDVILLE FL 32327	

10. Name and Address of New Registered Agent	
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 Virginia Cavallaro DATE 3/2/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	VD	
NAME	DOUGLAS, BILL	
STREET ADDRESS	RT 4 BOX 24B	
CITY-ST-ZIP	MONTECELLO FL	
TITLE	SD	
NAME	MAPLES, CHRISTINE	
STREET ADDRESS	4830 FRED GEORGE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	TD	
NAME	CAVALLARO, VIRGINIA	
STREET ADDRESS	55 KENNEL LANE	
CITY-ST-ZIP	CRAWFORDVILLE FL	
TITLE	SD	
NAME	RENNOW, ELIZABETH	
STREET ADDRESS	3232 HESTER DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	PD	
NAME	MCPHATE, DONNA	
STREET ADDRESS	RT. 4, BOX 4782	
CITY-ST-ZIP	MONTECELLO FL	
TITLE	D	
NAME	MCMAHON, CANDANCE	
STREET ADDRESS	2809 SHAMROCK NORTH	
CITY-ST-ZIP	TALLAHASSEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Eleanor Jackson	
3.3 STREET ADDRESS	5663 Bradfordville Rd.	
3.4 CITY-ST-ZIP	Tallahassee, FL. 32308	
4.1 TITLE	Sec.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Lisa Durham	
4.3 STREET ADDRESS	1776 Brown St.	
4.4 CITY-ST-ZIP	TALLAHASSEE, FL.	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Tommie Jones	
5.3 STREET ADDRESS	4840 Thomasville Rd.	
5.4 CITY-ST-ZIP	TALLAHASSEE, FL. 32308	
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Marilyn Jordan	
6.3 STREET ADDRESS	4840 Thomasville Rd.	
6.4 CITY-ST-ZIP	TALLAHASSEE FL. 32308	

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 Alvin... DATE 3/2/97

CR2E037 (9/96)