

FILE NOW: FILING FEE IS \$61.25

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Aug 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 1 VIRGINIA CAVALLARO 55 KENNEL LANE CRAWFORDVILLE FL 32327 US	Mailing Address 1 VIRGINIA CAVALLARO 55 KENNEL LANE CRAWFORDVILLE FL 32327 US
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2. Principal Place of Business 4830 Fred George Rd	2a. Mailing Address P.O. Box 3185
21 Suite, Apt. #, etc. 483	26 Suite, Apt. #, etc.
22 City & State Tallahassee, FL	27 City & State Tallahassee, FL
23 Zip 32303	28 Zip 32315
24 Country US	29 Country US

3. Date Incorporated or Qualified 10/07/1987		
4. FEI Number 59-2810153	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent CAVALLARO, VIRGINIA 55 KENNEL LANE CRAWFORDVILLE FL 32327	
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10. Name and Address of New Registered Agent	
81 Name Christine Maples	
82 Street Address (P.O. Box Number is Not Acceptable) 4830 Fred George Rd.	
83	
84 City Tallahassee	85 Zip Code FL 32303

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 **CHRISTINE MAPLES** *Christine Maples* **2/5/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> DELETE
NAME DOUGLAS, BILL	
STREET ADDRESS RT 4 BOX 24B	
CITY-ST-ZIP MONTICELLO FL	
TITLE PTD	<input type="checkbox"/> DELETE
NAME MAPLES, CHRISTINE	
STREET ADDRESS 4830 FRED GEORGE ROAD	
CITY-ST-ZIP TALLAHASSEE FL	
TITLE D	<input type="checkbox"/> DELETE
NAME CAVALLARO, VIRGINIA	
STREET ADDRESS 55 KENNEL LANE	
CITY-ST-ZIP CRAWFORDVILLE FL	
TITLE S	<input type="checkbox"/> DELETE
NAME DURHAM, LISA	
STREET ADDRESS 1776 BROWN ST	
CITY-ST-ZIP TALLAHASSEE FL	
TITLE PD YD	<input type="checkbox"/> DELETE
NAME MCPHATE, DONNA	
STREET ADDRESS RT. 4, BOX 4782	
CITY-ST-ZIP MONTICELLO FL	
TITLE D	<input type="checkbox"/> DELETE
NAME MCMAHON, CANDANCE	
STREET ADDRESS 2809 SHAMROCK NORTH	
CITY-ST-ZIP TALLAHASSEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME ELEANOR JACKSON	
1.3 STREET ADDRESS 5663 BRADFORDVILLE RD	
1.4 CITY-ST-ZIP TALLAHASSEE, FL 32308	
2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Tommye Jones	
2.3 STREET ADDRESS 4840 THOMASVILLE RD	
2.4 CITY-ST-ZIP TALLAHASSEE, FL 32308	
3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME MARILYN JORDAN	
3.3 STREET ADDRESS 4840 THOMASVILLE RD	
3.4 CITY-ST-ZIP TALLAHASSEE, FL 32308	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: **CHRISTINE MAPLES** *Christine Maples* **2/5/98** **850-562-2800**

CR2E037 (10/97)