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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22889

1. Corporation Name

OCHLOCKONEE RIVER KENNEL CLUB OF FLORIDA, INC.

Principal Place of Business	Mailing Address
4830 FRED GEORGE RD TALLAHASSEE FL 32303 US	P O BOX 3185 TALLAHASSEE FL 32315 US

2. Principal Place of Business 21 Rt 4 Box 4782	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/07/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2810153 ☐ Applied For ☐ Not Applicable
City & State 23 Monticello	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 32344 25 Jefferson	Zip / Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MAPLES, CHRISTINE
4830 FRED GEORGE RD
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name: Donna Mc Phate
82 Street Address (P.O. Box Number is Not Acceptable): Rt 4 Box 4782
83: Casa Bianca Rd
84 City: Monticello FL 85 Zip Code: 32344

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: _____ Donna Mc Phate 1-11-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☒ 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	TD	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	MAPLES, CHRISTINE		2.2 NAME		
STREET ADDRESS	4830 FRED GEORGE ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		2. 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CAVALLARO, VIRGINIA		3.2 NAME		
STREET ADDRESS	55 KENNEL LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE FL		3.4. CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	DURHAM, LISA		4. 2 NAME		
STREET ADDRESS	1776 BROWN ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	MCPHATE, DONNA		5.2 NAME		
STREET ADDRESS	RT. 4, BOX 4782		5.3 STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	PD	☐ Change ☒ Addition
NAME	MCMAHON, CANDANCE		6.2 NAME	Elisabeth Chandler	
STREET ADDRESS	2809 SHAMROCK NORTH		6.3 STREET ADDRESS	4234 Lakemore Drive	
CITY-ST-ZIP	TALLAHASSEE FL		6.4 CITY-ST-ZIP	Tallahassee FL 32303	

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Donna Mc Phate 1-11-99 850-997-1978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)

N22889 99182-90004-40

Additions

Title: SD
Name: Bonnie Wirth
Address: 4519 Argyle Lane
Tallahassee FL 32308

Title: D
Name: Linda Watts
Address: 43 Centipede Drive
Crawfordville, FL 32310

Title: D
Name: Kathleen Harper, DVM
Address: P.O. Box 20715
Tallahassee, FL 32316-0715