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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:18

DOCUMENT # N35793 (1)

1. Corporation Name
FLORIDA SEARCH DOG ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
P.O. BOX 142274 GAINSVILLE FL 32614	P.O. BOX 142274 GAINSVILLE FL 32614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/26/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3027617 ☐ Applied For ☐ Not Applicable
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

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

9. Name and Address of Current Registered Agent

THIGPIN, JUDY
4221 NW 22 TERR.
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City: FL 35 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	DP	11 TITLE	P/D	☒ Change ☐ Addition
NAME	THIGPIN, JUDY	12 NAME	JEANNE Cangro	
STREET ADDRESS	4221 NW 22 TERR.	13 STREET ADDRESS	10506 SW 55 Pl	
CITY-ST-ZIP	GAINSVILLE FL 32605	14 CITY-ST-ZIP	Gainesville, FL 32608	
TITLE	VD	21 TITLE	V/D	☒ Change ☐ Addition
NAME	TOOKER, JEANIFER	22 NAME	DEBBY SUNDSTROM	
STREET ADDRESS	4221 NW 22 TERR.	23 STREET ADDRESS	13514 SW 89 Ave	
CITY-ST-ZIP	GAINESVILLE FL 32605	24 CITY-ST-ZIP	~~Gainesville, FL~~ Archer, FL 32618	
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	CARNUCCIO, PATTI	32 NAME		
STREET ADDRESS	P.O. BOX 2012 N/A	33 STREET ADDRESS		
CITY-ST-ZIP	GAINSVILLE FL 32602	34 CITY-ST-ZIP		
TITLE	SD	41 TITLE	S/D	☒ Change ☐ Addition
NAME	SUNDSROM, DEBBIE	42 NAME	RITA STERN	
STREET ADDRESS	13514 SW 89TH AVE	43 STREET ADDRESS	5601 NW 23 Terr	
CITY-ST-ZIP	ARCHER FL 32618	44 CITY-ST-ZIP	Gainesville, FL 32653	
TITLE		51 TITLE	D	☐ Change ☒ Addition
NAME		52 NAME	Judy THIGPIN	
STREET ADDRESS		53 STREET ADDRESS	4221 NW 22 Terrace	
CITY-ST-ZIP		54 CITY-ST-ZIP	Gainesville FL 32605	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

ADDITIONS MUST BE MADE BY MAY 1

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: [signature] 904-376-9619 5/5/95 Patti Carnuccio
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0030903