

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35793 (1)
1. Corporation Name
FLORIDA SEARCH DOG ASSOCIATION, INCORPORATED



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/26/1989		3a. Date of Last Report 05/01/1995	
21		26		4. FEI Number 59-3027617		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THIGPIN, JUDY
4221 NW 22 TERR.
GAINESVILLE FL 32605**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
FL	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANGRO, JEANNE	1.2 NAME	HARRISON, CINDY
STREET ADDRESS	10506 SW 55 PL	1.3 STREET ADDRESS	5860 U.S. 1 SOUTH
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	ST AUGUSTINE, FL 32086
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUNDSTROM, DEBBY	2.2 NAME	SUNDSTROM, DEBBY
STREET ADDRESS	13514 SW 89 AVE	2.3 STREET ADDRESS	13514 SW 89TH AVE
CITY-ST-ZIP	ARCHER GA	2.4 CITY-ST-ZIP	ARCHER, FL 32618
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARNUCCIO, PATTI	3.2 NAME	SCROGGS, SHERY
STREET ADDRESS	P.O. BOX 2012 N/A	3.3 STREET ADDRESS	13825 SW ARCHER LANE
CITY-ST-ZIP	GAINESVILLE FL 32602	3.4 CITY-ST-ZIP	ARCHER, FL 32618
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERN, RITA	4.2 NAME	THIGPIN, JUDY
STREET ADDRESS	5801 NE 23 TERR	4.3 STREET ADDRESS	4221 NW
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THIGPIN, JUDY	5.2 NAME	
STREET ADDRESS	4221 NW 22 TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 (352) 332-5556
Date Daytime Phone #

CR2E037 (12/95)