


FILE NOW: FILING FEE IS \$61.25

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Apr 23 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 # **N35793** (1)
1. Corporation Name
FLORIDA SEARCH DOG ASSOCIATION, INCORPORATED

Principal Place of Business P.O. BOX 142274 GAINESVILLE FL 32614	Mailing Address P.O. BOX 142274 GAINESVILLE FL 32614
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 12/26/1989	4. FEI Number 59-3027617	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	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No		

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

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD HARRISON, CINDY STREET ADDRESS 5860 US 1 SOUTH CITY - ST - ZIP ST AUGUSTINE FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
TITLE	VD SUNDSTROM, DEBBY STREET ADDRESS 13514 SW 89 AVE CITY - ST - ZIP ARCHER GA	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME GARFUNKEL, SARAH 2.3 STREET ADDRESS 2015 NE 43rd St 2.4 CITY - ST - ZIP Gainesville, FL
TITLE	STD SCRUGGS, SHERRY STREET ADDRESS 13825 SW ARCHER LANE CITY - ST - ZIP ARCHER FL	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME THIGPIN, JUDY 3.3 STREET ADDRESS 4221 NW 22 Terrace 3.4 CITY - ST - ZIP Gainesville, FL 32605
TITLE	D THIGPIN, JUDY STREET ADDRESS 4221 NW 22 TERRACE CITY - ST - ZIP GAINESVILLE FL	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME KOZLOWSKI, JINA 4.3 STREET ADDRESS Rt 2 Box 204A - STATE ROAD 21 4.4 CITY - ST - ZIP Hawthorne, FL 32640
TITLE	D GARFUNKEL, SARAH STREET ADDRESS 8015 NE 43RD ST CITY - ST - ZIP GAINESVILLE FL	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME SCRUGGS, SHERRY 5.3 STREET ADDRESS 13825 SW ARCHER LANE 5.4 CITY - ST - ZIP ARCHER, FL
TITLE	D JAMES, THOMAS STREET ADDRESS 5860 US 1 SOUTH CITY - ST - ZIP ST AUGUSTINE FL	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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUDY THIGPIN 4/16/98 (352) 332-5556

CR2E037 (1097)