

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90037 025 ****61.25

DOCUMENT # N35793

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

12/26/1989

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

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

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

TITLE PD ☒ DELETE

NAME HARRISON, CINDY
STREET ADDRESS 5860 US 1 SOUTH
CITY-ST-ZIP ST AUGUSTINE FL

TITLE D ☐ DELETE

NAME KOZCOWSKI, JINA
STREET ADDRESS RT 2 BOX 206-A STATE RD 21
CITY-ST-ZIP HAWTHORNE FL 32540

TITLE D ☐ DELETE

NAME SCRUGGS, SHERRY
STREET ADDRESS 63825 SW ARCHOR LN
CITY-ST-ZIP ARCHOR FL

TITLE STD ☐ DELETE

NAME THIGPIN, JUDY
STREET ADDRESS 4221 NW 22 TERRACE
CITY-ST-ZIP GAINESVILLE FL

TITLE VD ☐ DELETE

NAME GARFUNKEL, SARAH
STREET ADDRESS 2015 NE 43RD ST
CITY-ST-ZIP GAINESVILLE FL

TITLE D ☒ DELETE

NAME JAMES, THOMAS
STREET ADDRESS 5860 US 1 SOUTH
CITY-ST-ZIP ST AUGUSTINE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ☒ Change ☒ Addition

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME WEISS, MICHAEL
1.3 STREET ADDRESS 2140 SE 39 Ave.
1.4 CITY-ST-ZIP Gainesville, FL 32641

2.1 TITLE VD ☐ Change ☐ Addition

2.2 NAME KOZLOWSKI, SINA
2.3 STREET ADDRESS Rt 2 Box 206-A
2.4 CITY-ST-ZIP Hawthorne, FL 32640

3.1 TITLE STD ☒ Change ☐ Addition

3.2 NAME SCRUGGS, SHERM
3.3 STREET ADDRESS 13825 SW Archer Lane
3.4 CITY-ST-ZIP Archer, FL 32618

4.1 TITLE D ☐ Change ☐ Addition

4.2 NAME THIGPIN, JUDY

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE PD ☒ Change ☐ Addition

5.2 NAME Sarah Garfunkel, Sarah
5.3 STREET ADDRESS 8015 NE 43 St.
5.4 CITY-ST-ZIP Gainesville, FL 32609

6.1 TITLE ☐ Change ☐ 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 in an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE REQUIRED

4-9-99 (352) 392-4700 ext. 4655

Date

Daytime Phone #

CR2E037 (1/98)