

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 # N36567 (8)

1. Corporation Name

GERMAN SHEPHERD DOG CLUB OF DAYTONA, INC.



Principal Place of Business

Mailing Address

204 BRITTANY AVENUE
PORT ORANGE FL 32127
US

204 BRITTANY AVENUE
PORT ORANGE FL 32127
US

3. Date Incorporated or Qualified
02/09/1990

3a. Date of Last Report
04/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-3008947

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSA, ELAINE
204 BRITTANY AVENUE
PORT ORANGE FL 32127

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME JODICE, JEANNIE
STREET ADDRESS 1900 S. GLENCOE ROAD
CITY-ST-ZIP NEW SMYRNA BEACH FL

DELETE

11 TITLE PRES.
12 NAME JODICE RALPH
13 STREET ADDRESS 1900 S. GLENCOE RD
14 CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

Change Addition

TITLE VD
NAME ROACH, KATHY
STREET ADDRESS 2494 TAYLOR ROAD
CITY-ST-ZIP NEW SMYRNA BEACH FL

DELETE

21 TITLE VPRES
22 NAME SUE DRUAN
23 STREET ADDRESS 925 FLAMER AVE
24 CITY-ST-ZIP EDGEWATER FL 32132

Change Addition

TITLE T
NAME HAMMONS, CARLENE
STREET ADDRESS RT. 1 BOX 145-F N/A
CITY-ST-ZIP BUNNELL FL 32110

DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

Change Addition

TITLE CS
NAME ROSA, ELAINE
STREET ADDRESS 204 BRITTANY AVENUE
CITY-ST-ZIP PORT ORANGE FL

DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

Change Addition

TITLE RSD
NAME BELANGER, ANN
STREET ADDRESS 3620 LATE MORNING CIRCLE
CITY-ST-ZIP KISSIMMEE FL

DELETE

51 TITLE JODICE JEANNIE
52 NAME 1900 S. GLENCOE RD
53 STREET ADDRESS NEW SMYRNA BEACH
54 CITY-ST-ZIP FL 32168

Change Addition

TITLE D
NAME JODICE, RALPH
STREET ADDRESS 1900 S. GLENCOE ROAD
CITY-ST-ZIP NEW SMYRNA BEACH FL

DELETE

61 TITLE ROACH KATHY
62 NAME 2494 TAYLOR RD
63 STREET ADDRESS NEW SMYRNA BEACH FL
64 CITY-ST-ZIP 32168

Change Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (12/95)