


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N36567</b> (8)			
1. Corporation Name <b>GERMAN SHEPHERD DOG CLUB OF DAYTONA, INC.</b>			
Principal Place of Business <b>204 BRITTANY AVENUE PORT ORANGE FL 32127 US</b>		Mailing Address <b>204 BRITTANY AVENUE PORT ORANGE FL 32127-5815 US</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>23</b>		City & State <b>27</b>	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
9. Name and Address of Current Registered Agent  <b>ROSA, ELAINE 204 BRITTANY AVENUE PORT ORANGE FL 32127</b>		10. Name and Address of New Registered Agent  <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>	
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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RALPH, JODICE</b>	1.2 NAME	
STREET ADDRESS	<b>1900 S GLENCOE ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VP</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DRUAN, SUE</b>	2.2 NAME	<b>Steve Legacy</b>
STREET ADDRESS	<b>925 FLAGLER AVENUE</b>	2.3 STREET ADDRESS	<b>341 Taylor Ave.</b>
CITY-ST-ZIP	<b>EDGEWATER FL</b>	2.4 CITY-ST-ZIP	<b>Daytona Beach, FL 32114</b>
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAMMONS, CARLENE</b>	3.2 NAME	
STREET ADDRESS	<b>RT. 1 BOX 145-F N/A</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BUNNELL FL 32110</b>	3.4 CITY-ST-ZIP	
TITLE	CS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSA, ELAINE</b>	4.2 NAME	
STREET ADDRESS	<b>204 BRITTANY AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT ORANGE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<del>ROB D</del> <input type="checkbox"/> DELETE	5.1 TITLE	<b>RSD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JODICE, JEANNIE</b>	5.2 NAME	<b>Druan, sue</b>
STREET ADDRESS	<b>1900 S GLENCOE ROAD</b>	5.3 STREET ADDRESS	<b>925 Flagler Ave</b>
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL</b>	5.4 CITY-ST-ZIP	<b>Edgewater, FL 32132</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROACH, KATHY</b>	6.2 NAME	<b>Winchenbach, Nancy</b>
STREET ADDRESS	<b>2494 TAYLOR ROAD</b>	6.3 STREET ADDRESS	<b>3211 Royal Palm Dr.</b>
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL</b>	6.4 CITY-ST-ZIP	<b>Edgewater, FL 32141</b>
14. I do 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: <b>Carlene Hammons (Carlene Hammons)</b> 1/21/97 904-437-4195			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E037 (9/96)