


FILE NOW: FILING FEE IS \$61.25

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Feb 04 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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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

4. FEI Number

59-3008947

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

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 Elaine Rosa - ELAINE ROSA

1/24/98

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME **P RALPH, JODICE**
STREET ADDRESS **1900 S GLENCOE ROAD**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE ☒ DELETE

NAME **VP LEGACY, STEVE**
STREET ADDRESS **341 TAYLOR AVE.**
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☒ DELETE

NAME **D JODICE, JEANNIE**
STREET ADDRESS **1900 S GLENCOE ROAD**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE ☒ DELETE

NAME **D WINCHENBACH, NANCY**
STREET ADDRESS **3211 ROYAL PALM DR.**
CITY-ST-ZIP **EDGEWATER FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

P LEGACY, STEVE
341 TAYLOR AVE.
DAYTONA BEACH, FL.

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VP JODICE, JEANNIE
1900 S. GLENCOE RD.
NEW SMYRNA BEACH, FL.

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

D JODICE, RALPH
1900 S. GLENCOE RD.
NEW SMYRNA BEACH, FL.

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

D RUPP, EDWARD
204 BRITTANY AVE.
PORT ORANGE, FL.

6.1 TITLE

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: Steve Legacy

1/24/98 904-238-3735

CR2E037 (10/97)