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**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90001 047 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N36567**

1. Corporation Name

**GERMAN SHEPHERD DOG CLUB OF DAYTONA, INC.**

Principal Place of Business

204 BRITTANY AVENUE  
 PORT ORANGE FL 32127  
 US

Mailing Address

204 BRITTANY AVENUE  
 PORT ORANGE FL 32127  
 US



2. Principal Place of Business

21 1900-S. GLENCOE RD.

Suite, Apt. #, etc.

22 City & State

23 New Smyrna Beach, FL

Zip

24 32168

Country

25 U.S.

2a. Mailing Address

26 1900-S. GLENCOE RD.

Suite, Apt. #, etc.

27 City & State

28 New Smyrna Beach, FL

Zip

29 32168

Country

30 U.S.

3. Date Incorporated or Qualified

-02/09/1990

4. FEI Number

59-3008947

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ROSA, ELAINE  
 204 BRITTANY AVENUE  
 PORT ORANGE FL 32127

10. Name and Address of New Registered Agent

81 Name

JEANNIE JODICE

82 Street Address (P.O. Box Number is Not Acceptable)

1900-S. GLENCOE RD.

83

84 City

New Smyrna Beach FL

85 Zip Code

32168

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

*Jeannie Jodice*

(JEANNIE JODICE)

2-14-99

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 ☒ DELETE

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

TITLE ☒ DELETE

NAME VP  
 JODICE, JEANNIE  
 STREET ADDRESS 1900 S GLENCOE RD  
 CITY-ST-ZIP NEW SMYRNA BCH 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, RALPH  
 STREET ADDRESS 1900 S GLENCOE RD  
 CITY-ST-ZIP NEW SMYRNA BEACH FL

TITLE ☒ DELETE

NAME D  
 RUPP, EDWARD  
 STREET ADDRESS 204 BRITTANY AVE  
 CITY-ST-ZIP PORT ORANGE FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

P  
 JODICE, RALPH  
 1900-S. GLENCOE RD.  
 NEW SMYRNA BEACH, FL. 32168

☒ Change ☐ Addition

VP  
 ROSA, KATHY  
 2494-TAYLOR RD.  
 NEW SMYRNA BEACH, FL. 32168

☐ Change ☐ Addition

J  
 JODICE, JEANNIE  
 1900-S. GLENCOE RD.  
 NEW SMYRNA BEACH, FL. 32168

☒ Change ☐ Addition

D  
 BOSMAN, PAME  
 RT. 1 BOX 145G  
 BUNNELL, FL. 32110

☒ Change ☐ Addition

D  
 RUPP, PEGGY  
 2611-SILVER PALM DR.  
 EDGEWATER, FL. 32141

☒ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Jeannie Jodice* 2-14-99-904427-8184

CR2E037 (11/98)