FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N43344 (3)

1. Corporation Name

NORTHEAST FLORIDA CHINESE SHAR-PEI CLUB, INC.

Principal Place of Business	Mailing Address
6965 DOMPIERRE DRIVE JACKSONVILLE FL 32210	6965 DOMPIERRE DRIVE JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/07/1991
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-3064466 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent

NELSON, JUDITH M.
6965 DOMPIERRE DRIVE
JACKSONVILLE FL 32210

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE		☐ Change ☐ Addition
NAME	CARTER, CONNIE	1.2 NAME		
STREET ADDRESS	7139 GAILLARDIA RD S	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	THOMAS, SANDRA	2.2 NAME	Thomas, Sandra	
STREET ADDRESS	6959 MAULDIN LN	2.3 STREET ADDRESS	6959 Mauldin Ln	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, FL 32244	
TITLE	TD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	ROWLEY, COLETTE	3.2 NAME	Keith Powell	
STREET ADDRESS	648 PYRAMID AVENUE	3.3 STREET ADDRESS	10906 Beach Blvd, Lot 83	
CITY-ST-ZIP	DELTONA FL	3.4 CITY-ST-ZIP	Jacksonville, FL 32246	
TITLE	PD	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	NELSON, JUDITH	4.2 NAME	Nelson, Judith	
STREET ADDRESS	6965 DOMPIERRE DR	4.3 STREET ADDRESS	6965 Dompierre Dr	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	WEBB, HARRELL	5.2 NAME		
STREET ADDRESS	P O BOX 2002 N/A	5.3 STREET ADDRESS		
CITY-ST-ZIP	BUNNELL FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	BERBER, MARK	6.2 NAME	Lesniak, Margie	
STREET ADDRESS	P O BOX 352625 N/A	6.3 STREET ADDRESS	1223 Hatcher Rd.	
CITY-ST-ZIP	PALM COAST FL	6.4 CITY-ST-ZIP	Middleburg, FL 32068	

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)(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 Judith M. Nelson Judith M. Nelson 3/11/95 (904) 953-2073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0085488