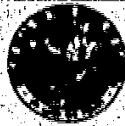


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monrath
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

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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NELSON, JUDITH M.
6965 DOMPIERRE DRIVE
JACKSONVILLE FL 32210

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SD**
NAME **CARTER, CONNIE**
STREET ADDRESS **7130 GALLARDIA RD S**
CITY - ST - ZIP **JACKSONVILLE FL**
TITLE **VD**
NAME **THOMAS, SANDRA**
STREET ADDRESS **6959 MAULDIN LN**
CITY - ST - ZIP **JACKSONVILLE FL**
TITLE **TD**
NAME **ROWLEY, COLETTE**
STREET ADDRESS **648 PYRAMID AVENUE**
CITY - ST - ZIP **DELTONA FL**
TITLE **PD**
NAME **NELSON, JUDITH**
STREET ADDRESS **6965 DOMPIERRE DR**
CITY - ST - ZIP **JACKSONVILLE FL**
TITLE **D**
NAME **WEBB, HARRELL**
STREET ADDRESS **P O BOX 2002 N/A**
CITY - ST - ZIP **BUNNELL FL**
TITLE **D**
NAME **BERBER, MARK**
STREET ADDRESS **P O BOX 352625 N/A**
CITY - ST - ZIP **PALM COAST FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE **PD** ☒ Change ☐ Addition
2.2 NAME **Thomas, Sandra**
2.3 STREET ADDRESS **6959 Mauldin Ln**
2.4 CITY - ST - ZIP **Jacksonville, FL 32244**
3.1 TITLE **TD** ☒ Change ☐ Addition
3.2 NAME **Keith Powell**
3.3 STREET ADDRESS **10906 Beach Blvd, Lot 83**
3.4 CITY - ST - ZIP **Jacksonville, FL 32246**
4.1 TITLE **VD** ☒ Change ☐ Addition
4.2 NAME **Nelson, Judith**
4.3 STREET ADDRESS **6965 Dompiere Dr**
4.4 CITY - ST - ZIP **Jacksonville, FL 32210**
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **Pesniak, Margie**
6.3 STREET ADDRESS **1223 Hatcher Rd.**
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 110.07(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 *Judith M. Nelson* **Judith M. Nelson** 3/11/95 (904) 953-2073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone)