

FILE NOW: FILING FEE IS \$61.25

FILED
May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N43344** (3)
1. Corporation Name
NORTHEAST FLORIDA CHINESE SHAR-PEI CLUB, INC.

Principal Place of Business 6965 DOMPIERRE DRIVE JACKSONVILLE FL 32210	Mailing Address 6965 DOMPIERRE DRIVE JACKSONVILLE FL 32210-4803
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3. Date Incorporated or Qualified 05/07/1991	3a. Date of Last Report 04/10/1996
4. FEI Number 59-3064466	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 85 Zip Code FL

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	
TITLE	SD <input type="checkbox"/> DELETE
NAME	WEBB, JO-ANN
STREET ADDRESS	P.O. BOX 2002 N/A
CITY - ST - ZIP	BUNNELL FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	FARNWORTH, MARGIE
STREET ADDRESS	9047 SAN JOSE BLVD. APT. 501
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	THOMAS, SANDRA
STREET ADDRESS	6959 MAULDIN LANE
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	NELSON, JUDITH
STREET ADDRESS	6965 DOMPIERRE DRIVE
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	WEBB, HARRELL
STREET ADDRESS	P O BOX 2002 N/A
CITY - ST - ZIP	BUNNELL FL
TITLE	D <input type="checkbox"/> DELETE
NAME	THOMAS, CHARLES
STREET ADDRESS	6959 MAULDIN LANE
CITY - ST - ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: *Judith M. Nelson* **JUDITH M. Nelson** 4/20/97 (904) 953-2073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0008348

CR2E037 (9/96)