

FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 05/07/1991	
4. FEI Number 59-3064466	Applied For <input type="checkbox"/> 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	29 Country
25	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	
		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: Judith M. Nelson *Signature: Judith M. Nelson* **4/28/98**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEBB, JO-ANN	1.2 NAME	BERBER, MARK
STREET ADDRESS	P.O. BOX 2002 N/A	1.3 STREET ADDRESS	PO BOX 566 N/A
CITY-ST-ZIP	BUNNELL FL	1.4 CITY-ST-ZIP	BUNNELL, FL
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARNWORTH, MARGIE	2.2 NAME	FARNWORTH, MARGIE
STREET ADDRESS	9047 SAN JOSE BLVD. APT. 501	2.3 STREET ADDRESS	9047 SAN JOSE BLVD, APT 501
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	THOMAS, SANDRA	3.2 NAME	
STREET ADDRESS	6959 MAULDIN LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, JUDITH	4.2 NAME	NELSON, JUDITH
STREET ADDRESS	6965 DOMPIERRE DRIVE	4.3 STREET ADDRESS	6965 DOMPIERRE DR
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
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 <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	THOMAS, CHARLES	6.2 NAME	
STREET ADDRESS	6959 MAULDIN LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	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: *Judith M. Nelson* **JUDITH M. NELSON** **4/28/98** **904-953-8796**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0005247

CR2E037 (10/97)