

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N43438 (3)

1. Corporation Name

NORTH CENTRAL FLORIDA DOG HUNTERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

RT 3 BOX 349A
TRENTON FL 32693
US

RT 3 BOX 349A
TRENTON FL 32693
US



3. Date Incorporated or Qualified
05/13/1991

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

2a. Mailing Address

21 **RT 3 BOX 349-A**

26 **P.O. Box 1743**

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **950 N.W. 160th St.**

27

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

City & State

City & State

23 **TRENTON, FLA.**

28 **CHIEFLAND, FLA.**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 **32693**

25 **LEVY**

29 **32626-1743**

30 **LEVY**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JENKINS, WENDELL
RT 3 BOX 349A
TRENTON FL 32693**

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 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 *Wendell Jenkins* **WENDELL JENKINS PRESIDENT**

2-5-96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **WENDELL, JENKINS**
STREET ADDRESS **RT. 3 BOX 349-A**
CITY-ST-ZIP **TRENTON FL**

1.1 TITLE **P** ☐ Change ☐ Addition
1.2 NAME **WENDELL JENKINS**
1.3 STREET ADDRESS **RT. 3 BOX 349-A**
1.4 CITY-ST-ZIP **TRENTON, FLA. 32693**

TITLE **VP** ☐ DELETE
NAME **STEPHENS, EARL**
STREET ADDRESS **RT. 3 BOX 125**
CITY-ST-ZIP **TRENTON FL**

2.1 TITLE **VP** ☒ Change ☐ Addition
2.2 NAME **Ed CARTER**
2.3 STREET ADDRESS **P.O. BOX 426**
2.4 CITY-ST-ZIP **High Springs, FLA. 32643**

TITLE **T** ☐ DELETE
NAME **STUDSTILL, BRUCE**
STREET ADDRESS **RT. 2 BOX 278-B**
CITY-ST-ZIP **TRENTON FL**

3.1 TITLE **T** ☐ Change ☐ Addition
3.2 NAME **BRUCE Studstill**
3.3 STREET ADDRESS **RT 2 BOX 278-B**
3.4 CITY-ST-ZIP **TRENTON, FLA. 32693**

TITLE **D** ☐ DELETE
NAME **STEPHENS, ROBERT**
STREET ADDRESS **RT. 3 BOX 186**
CITY-ST-ZIP **CHIEFLND FL**

4.1 TITLE **D** ☐ Change ☐ Addition
4.2 NAME **Robert Stephens**
4.3 STREET ADDRESS **15450 N.W. 71 TERR.**
4.4 CITY-ST-ZIP **CHIEFLAND, FLA. 32626**

TITLE **D** ☐ DELETE
NAME **ELLZEY, JIMMY**
STREET ADDRESS **RT. 2 BOX 429 - B**
CITY-ST-ZIP **CHIEFLND FL**

5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME **Wesley CARTER**
5.3 STREET ADDRESS **P.O. BOX 426**
5.4 CITY-ST-ZIP **High Springs, FLA. 32643**

TITLE **D** ☐ DELETE
NAME **CARTER, EUGENE**
STREET ADDRESS **RT. 1 BOX 886**
CITY-ST-ZIP **CHIEFLND FL**

6.1 TITLE **D** ☒ Change ☐ Addition
6.2 NAME **John Jordan**
6.3 STREET ADDRESS **P.O. BOX 316**
6.4 CITY-ST-ZIP **CHIEFLAND, FLA. 32644 - 0316**

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)(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: *Wendell Jenkins* **WENDELL JENKINS**

2-5-96

(352) 463-6494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)