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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43438

1. Corporation Name

**NORTH CENTRAL FLORIDA DOG HUNTERS ASSOCIATION, I
NC.**

Principal Place of Business

**950 NW 160TH STREET
TRENTON FL 32693
US**

Mailing Address

**P.O. BOX 1743
CHIEFLND FL 32644-1743
US**



2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip Country

24

25

Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip Country

29

30

Country

3. Date Incorporated or Qualified

05/13/1991

4. FEI Number
NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

**WENDELL, JENKINS
950 NW 160TH STREET
TRANTON FL 32693**

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 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 **P** ☐ DELETE

NAME **WENDELL, JENKINS**
STREET ADDRESS **950 NW 160TH STREET**
CITY-ST-ZIP **TRENTON FL**

TITLE **VP** ☐ DELETE

NAME **CARTER, ED**
STREET ADDRESS **RT 3 BOX 4230**
CITY-ST-ZIP **FT WHITE FL**

TITLE **T** ☐ DELETE

NAME **STUDSTILL, BRUCE**
STREET ADDRESS **7260 SE 110TH STREET**
CITY-ST-ZIP **TRENTON FL**

TITLE **S** ☐ DELETE

NAME **STEPHESN, JOHN**
STREET ADDRESS **7470 NW 95TH STREET**
CITY-ST-ZIP **SHIEFLND FL**

TITLE **D** ☐ DELETE

NAME **CARTER, WESLEY**
STREET ADDRESS **15830 NE 10TH STREET**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **D** ☒ DELETE

NAME **JORDAN, JOHN**
STREET ADDRESS **5250 NW 37TH PLACE**
CITY-ST-ZIP **CHIEFLND FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME **CARTER, ED**
1.3 STREET ADDRESS **RT 3 BOX 4230**
1.4 CITY-ST-ZIP **FORT WHITE, FL 32038**

2.1 TITLE **VP** ☒ Change ☐ Addition

2.2 NAME **JENKINS, WENDELL**
2.3 STREET ADDRESS **950 NW 160th st**
2.4 CITY-ST-ZIP **Trenton, FL 32693**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **S** ☒ Change ☐ Addition

4.2 NAME **STEPHENSON, JOHN W. SR.**
4.3 STREET ADDRESS **7470 NW 95TH ST**
4.4 CITY-ST-ZIP **CHIEFLAND, FL 32626**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE **D** ☒ Change ☒ Addition

6.2 NAME **STEPHENSON, JOHN W. JR.**
6.3 STREET ADDRESS **7470 NW 95TH ST.**
6.4 CITY-ST-ZIP **CHIEFLAND, FL 32626**

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, with all other like empowered.

SIGNATURE:

Gene Edwards
Gene Edwards, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/99
Date

(904) 755-9406
Daytime Phone #

CR2E037 (1/98)