


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 05 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N44519 (9)
1. Corporation Name
AMERICAN CANINE SPORTS MEDICINE ASSOCIATION, INC



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| Principal Place of Business TERLEP, TERRANCE 11131 SR 80 FT. MYERS FL 33905 US | Mailing Address ACSMA 11131 SR 80 FT. MYERS FL 33905 US |
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| 3. Date Incorporated or Qualified 08/01/1991 |
| 4. FEI Number 65-0301890 |
| Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> |

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|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country |
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| 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 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 type="checkbox"/> No |

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| 9. Name and Address of Current Registered Agent TERLEP, TERRANCE 11131 SR 80 FT. MYERS FL 33905 |
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| 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 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|--|---------------------------------|
| TITLE D | <input type="checkbox"/> DELETE |
| NAME HOSKINS, JOHNNY D | |
| STREET ADDRESS 17755 CROSSING BLVD | |
| CITY-ST-ZIP BATON ROUGE LA | |
| TITLE D | <input type="checkbox"/> DELETE |
| NAME TERLEP, TERRANCE | |
| STREET ADDRESS 11131 PALM BEACH BLVD | |
| CITY-ST-ZIP FORT MYERS FL | |
| TITLE D | <input type="checkbox"/> DELETE |
| NAME GILLETTE, ROBERT L | |
| STREET ADDRESS 6300 RENNER ROAD | |
| CITY-ST-ZIP SHAWNEE KS | |
| TITLE D | <input type="checkbox"/> DELETE |
| NAME SWAIN, STEVEN F | |
| STREET ADDRESS 420 GREEN STREET | |
| CITY-ST-ZIP AUBURN AL | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | D Gillette, Robert L |
| 3.3 STREET ADDRESS | 888 Cahaba Drive |
| 3.4 CITY-ST-ZIP | Auburn AL |
| 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 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: *Johnny D Hoskins* 1/22/98 504 751-9272

CR2E037 (10/97)