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**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N44519**

1. Corporation Name

**AMERICAN CANINE SPORTS MEDICINE ASSOCIATION, INC**

Principal Place of Business

TERLEP, TERRANCE  
11131 SR 80  
FT. MYERS FL 33905  
US

Mailing Address

ACSM A  
11131 SR 80  
FT. MYERS FL 33905  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 ACSMA  
Suite, Apt. #, etc.

27 P.O. Box 82433  
City & State

28 BATON ROUGE, LA  
Zip Country

29 70884 30 USA

3. Date Incorporated or Qualified

08/01/1991

4. FEI Number

65-0301890

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

TERLEP, TERRANCE  
11131 SR 80  
FT. MYERS FL 33905

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 ☐ DELETE  
NAME **D HOSKINS, JOHNNY D**  
STREET ADDRESS **17755 CROSSING BLVD**  
CITY-ST-ZIP **BATON ROUGE LA**

TITLE ☐ DELETE  
NAME **D TERLEP, TERRANCE**  
STREET ADDRESS **11131 PALM BEACH BLVD**  
CITY-ST-ZIP **FORT MYERS FL**

TITLE ☐ DELETE  
NAME **D GILLETTE, ROBERT L**  
STREET ADDRESS **888 CAHABE DRRIVE**  
CITY-ST-ZIP **AUBURN AL**

TITLE ☐ DELETE  
NAME **D SWAIN, STEVEN F**  
STREET ADDRESS **420 GREEN STREET**  
CITY-ST-ZIP **AUBURN AL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date **2/22/99** Daytime Phone # **225-751-9272**

CR2E037 (11/98)