

**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 # **N44965 (4)**

1. Corporation Name  
**JACKSONVILLE SHETLAND SHEEPDOG CLUB, INC.**



Principal Place of Business: **5204 BEIGE ST JACKSONVILLE FL 32258-2207**  
Mailing Address: **5204 BEIGE ST JACKSONVILLE FL 32258-2207**

3. Date Incorporated or Qualified: **08/28/1991**  
3a. Date of Last Report: **03/08/1995**

2. Principal Place of Business (21-24) and Mailing Address (25-28) fields with sub-sections for Suite, Apt. #, etc., City & State, and Zip & Country.

4. FEI Number: **NOT APPLICABLE**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**DUFFEY, DARLA  
5204 BEIGE ST  
JACKSONVILLE FL 32223**

10. Name and Address of New Registered Agent (81-85)  
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 (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DUFFEY, ERNEST	
STREET ADDRESS	5204 BEIGE STREET	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROSS, MARY	
STREET ADDRESS	2651 CARDIGAN CT	
CITY - ST - ZIP	ORANGE PARK FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WEAVER, DEBRA	
STREET ADDRESS	8380 BAYMEADOWS ROAD, #1	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KLEINE, CHRISTOPHER	
STREET ADDRESS	3810 ENGLISH COLONY DRIVE	
CITY - ST - ZIP	JACKSONVILLE FL	
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	President /D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ross, Mary	
1.3 STREET ADDRESS	3737 Moody Rd	
1.4 CITY - ST - ZIP	Orange Park, Fl 32065	
2.1 TITLE	Vice-President /D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Wendell, Mary Virginia	
2.3 STREET ADDRESS	2630 Ridgecrest Ave	
2.4 CITY - ST - ZIP	Orange Park, FL 32073	
3.1 TITLE	Secretary /D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Riggin, Jack	
3.3 STREET ADDRESS	4605 Sapho St	
3.4 CITY - ST - ZIP	Jacksonville, FL 32205	
4.1 TITLE	Treasurer /D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Kleine, Christopher	
4.3 STREET ADDRESS	3810 English Colony Dr.	
4.4 CITY - ST - ZIP	Jacksonville, FL 32257	
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 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: Christopher A. Kleino 4-1-96 904-262-8523  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (12/95)