FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



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

DOCUMENT #

1996

N44965

(4)

JACKSONVILLE SHETLAND SHEEPDOG CLUB, INC.

Principal Place of Business Mailing Address													
5204 BEIGE ST 5204 BEIGE ST JACKSONVILLE FL 32258-2207 JACKSONVILLE FL 32258-2													
									 Date Incorporated or Qualified 08/28/1991 	3a. Date of Last Report 03/08/1995			
2. Principal Place of Business				2a. Mailing Address 26					4. FEI Number NOT APPLICABLE		\rightarrow	Applied For Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired	\$		Additional	
22 City & State				27 Ch. 8 Ch.					<u> </u>	Fee F	Required		
City & State				City & State					Election Campaign Financing Trust Fund Contribution			May Be	
Zip				Zip Country			,		This corporation has liability for interest.	angible tax ur		d to Fees 199 032	
24					30	30			Florida Statutes				
9. Name and Address of Current Registered Agent 81 Name									10. Name and Address of New Registered Agent				
DUPPEN DADI 6							Name						
5204 BE	, DARLA		82 Street A			Addres	s (P.O. Box Number is Not Acceptable)						
	NVILLE FL												
						84	0.1						
							'			FL *		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 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 a familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.												egistered office agent. I am	
SIGNATURE	SIGNATURE												
Signature, typed or printed name of registered agent and title if applicable. (NOTE RE 12. OFFICERS AND DIRECTORS							nt signature r	equired w ^a	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PD OFFICENS AND			DELETE		13. 1.1 TITLE		Pre	sident /D	HS AND DIF		RS IN 12	
NAMÉ	DUFFEY, ERNEST				12 N			Ross, Mary		DX.) or	ie i igo		
STREET ADDRESS					1. 3 \$1		ADDRESS		7 Moody Rd				
CITY-ST-ZIP	JACKSONVILLE FL					CITY-S	ST-ZIP		nge Park, F1 32065				
TITLE	VD			DELETE	2.1	TITLE		Vice-President /D		X) Cr	ange	☐ Addition	
NAME	ROSS, MARY				2.2 NAM		Meti		dell, Mary Virginia				
STREET ADDRESS DITY-ST-ZIP	2651 CARDIGAN CT ORANGE PARK FL						ADDRESS	263	O Ridgecrest Ave				
TITLE	SD SD			DELETE					nge Park, FL 32073	f∑ Cr	2004	Addition	
NAME	WEAVER, DEBRA								retary /D	Ž I o	anye	☐ vocition	
STREET ADDRESS 8380 BAYMEADOWS ROAD, #1					3351			460	gin, Ĵack 5 Sapho St				
CITY-ST-ZIP	11010001001000				34.	3 4. CITY - ST - ZiP			ksonville, FL 32205				
TITLE	TD			DELETE	41	TITLE		Tre	asurer /D	Ct	ange	Addition	
NAME		CHRISTOPHE			4. 2 NAME			ine, Christopher					
STREET ADDRESS					4.3	4.3 STREET ADDRESS			O English Colony Dr.				
CITY-ST-ZIP TITLE	JAUKSU	INVILLE PL		DELETE		CITY-S	T-ZIP	Jac	ksonville, FL 32257	F 100			
NAME						TITLE Name				□ Ct	ange	☐ Addition	
STREET ADDRESS							ADDRESS						
CHY-ST-ZIP					5.4 CIT								
TITLE				DELETE		TITLE				☐ Ch	ange	Addition	
NAME					6.2	NAME							
STREET ADORESS					63	STREET	ADDRESS						
CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished.							T-ZIP						
THE ROUTERED	y ceruly that i	rie information s	upplied with thi	s tiling is voluntarily furr	nished and	doe	s not qua	lify for t	he exemption stated in Section 119.07(3)(k), Florida	Statute	s. 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: Cludagle & Klaco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1.96 904-262-8523

Date Daytine Phone #