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Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/28/1991	3a. Date of Last Report 04/04/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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 *Darla M. Duffey* **Darla M. Duffey Secretary April 6, 1997**
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	PD	<input type="checkbox"/> DELETE
NAME	ROSS, MARY	
STREET ADDRESS	3737 MOODY RD	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WENDELL, MARY VIRGINIA	
STREET ADDRESS	2830 RIDGECREST AVE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RIGGIN, JACK	
STREET ADDRESS	4605 SAPHO ST	
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	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sybelnik, Tammie	
1.3 STREET ADDRESS	3731 Hunter Rd.	
1.4 CITY-ST-ZIP	Callahan, FL	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Brillhart, Susan	
2.3 STREET ADDRESS	2703 Holly Point Rd. E.	
2.4 CITY-ST-ZIP	Orange Park, FL	
3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Duffey, Darla	
3.3 STREET ADDRESS	5204 Beige St.	
3.4 CITY-ST-ZIP	Jacksonville, FL	
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Duffey, Ernest	
4.3 STREET ADDRESS	5204 Beige St	
4.4 CITY-ST-ZIP	Jacksonville, FL	
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 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 *Darla M. Duffey* **Darla M. Duffey Secretary April 7, 1997 904 262 5420**

CR2E037 (9/96)