FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:07

DOCUMENT # N49826 (3)

1. Corporation Name
OCALA CHINESE SHAR-PEI CLUB INC.

Principal Place of Business	Mailing Address
P.O. BOX 5621 OCALA FL 34478	P.O. BOX 5621 OCALA FL 34478

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/13/1992
3a. Date of Last Report: 03/25/1994
4. FEI Number: 59-3157262 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $9.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HART, MARIE
10330 SE 159 LN
SUMMERFIELD FL 34491

10. Name and Address of New Registered Agent

81 Name: Beverly Walters
82 Street Address (P.O. Box Number is Not Acceptable)
83: 3500 SW 89 Ave
84 City: Ocala FL 85 Zip Code: 34481

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Beverly Walters Beverly Walters 4-27-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	HART, BERGEN W	1.2 NAME	Dianne Krug
STREET ADDRESS	10330 SE 159 LN	1.3 STREET ADDRESS	17135 S.E. 21st Pl. Rd
CITY-ST-ZIP	SUMMERFIELD FL	1.4 CITY-ST-ZIP	Silver Springs Fl
TITLE	V	2.1 TITLE	V ☒ Change ☐ Addition
NAME	LUIDER, BARBARA	2.2 NAME	Chris Judge
STREET ADDRESS	5337 NW 65 STR	2.3 STREET ADDRESS	6455 Cana Lily Ave
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	Homosassa, Fl
TITLE	TS	3.1 TITLE	T.S ☒ Change ☐ Addition
NAME	HART, MARIE E	3.2 NAME	Beverly Walters
STREET ADDRESS	10330 SE 159 STR	3.3 STREET ADDRESS	3500 SW 89 Ave
CITY-ST-ZIP	SUMMERFIELD FL	3.4 CITY-ST-ZIP	Ocala Fl 34481
TITLE	D	4.1 TITLE	P ☒ Change ☐ Addition
NAME	JUDGE, CHRIS	4.2 NAME	Norman Judge
STREET ADDRESS	6455 CANA LILY AVE	4.3 STREET ADDRESS	6455 Cana Lily Ave
CITY-ST-ZIP	HOMOSASSA FL	4.4 CITY-ST-ZIP	Homosassa, Fl
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	LIPSHAW, SHERRIE	5.2 NAME	
STREET ADDRESS	199 HELEN AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	INGLIS FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	D ☐ Change ☒ Addition
NAME		6.2 NAME	Mark Walters
STREET ADDRESS		6.3 STREET ADDRESS	3500 SW 89 Ave
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Ocala Fl

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)(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: Beverly Walters Beverly Walters 4-27-95 9042322283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0005480