

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 # N49826 (3)

1. Corporation Name

OCALA CHINESE SHAR-PEI CLUB INC.

Principal Place of Business

P.O. BOX 5621
OCALA FL 34478

Mailing Address

P.O. BOX 5621
OCALA FL 34478



3. Date Incorporated or Qualified
07/13/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-3157262

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALTERS, BEVERLY
3500 SW 89TH AVE
OCALA FL 34481**

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

☒ DELETE

TITLE

P

NAME

KRUG, DIANNE

STREET ADDRESS

17135 SE 21ST PL RD

CITY-ST-ZIP

SILVER SPRINGS FL

TITLE

V

NAME

JUDGE, CHRIS

STREET ADDRESS

6455 CANA LILY AVE

CITY-ST-ZIP

HOMOSASSA FL

TITLE

TS

NAME

WALTERS, BEVERLY

STREET ADDRESS

3500 SW 89TH AVE

CITY-ST-ZIP

OCALA FL

TITLE

D

NAME

JUDGE, NORMAN

STREET ADDRESS

6455 CANA LILY AVE

CITY-ST-ZIP

HOMOSASSA FL

TITLE

D

NAME

LIPSHAW, SHERRIE

STREET ADDRESS

199 HELEN AVE

CITY-ST-ZIP

INGLIS FL

TITLE

D

NAME

WALTERS, MARK

STREET ADDRESS

3500 SW 89TH AVE

CITY-ST-ZIP

OCALA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

**SHARON BARNES
9115 SW 104th LN
OCALA, FL 34481**

**400001850804
-06/04/96--01162--003
***70.00**

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:

Beverly G. Walters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96
Date

1-3522372283
Daytime Phone #

CR2E037 (12/95)