FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9300005593 (9)

May 11 1998 8:00am Secretary of State

1. Corporation Name 119300000000000000000000000000000000000													
THE OVIEDO DOG CLUB INC.									1				
1115	TILDO C	ou oron "	10.							I IAAANAN ANA NANA ANAN AANA AANA		IAI BORI ANIA	JAN asa (1916)
	-,								_			<u> </u>	
Principal Place of Business Mailing Address										· ******** *** ****** ***** ***** ***** *	Alta Abett dat)#1 WITE - WILLE -	18180 1111 1001
1913 PARK MANOR OR 1913 PARK MANOR OR.										3. Date Incorporated or Qualified			
ORLANDO FL 32617				ORLANDO FL 32817 US					12/07/1993				
us									['	4. FEI Number			pplied For
B. D.: sleet D	er - a - a - a - a - a - a - a - a - a -			So Mallin	- 433					<u>59-3215767</u>			ot Applicable
2. Principal P	18CE OF BUSI	ness)-	2a. Mailing Address					- 1	5. Certificate of Status Desired			Additional
Suite, Apt. #, etc.				Suite, Apt. #, etc.					-	6. Election Campaign Financing		\$5.00	May Be
22			[3	27						Trust Fund Contribution		Added to	
City & Stat	ө			City & State				7. Is this nonprofit corporation a homeowners association?					
23		 	2	28					☐ Yes ☑ No				
Zip	· – ·						Country		1	8. This corporation owes or has pa	_		
24	9. Name and Address of Curre			29 30 30					1	Personal Property Tax due June 0. Name and Address of New Re			□ No
	•	- WING AU	71 0417	Aisto	190111	81	ग	Name	•	V. Hamound Address of the	Alerai att -	Agont	
MCCITA	E, LARRY					_	1			(C.C. D. M. J. J. La No. Accordab			
	RK MANOI	e na				82	2	Street Add	ress	(P.O. Box Number is Not Acceptab	ile)		}
	O FL 3281					83	3						
4.	• • • • • • • • • • • • • • • • • • • •	•				84	+	City				85 Zip	Code
						1 -	Т	•			FL		
11. Pursuant office or r	to the provis	sions of Sections	617.0502 an	d 617.1500	5, Florida Statut	tes, the above	ve-	-named corp	porat	tion submits this statement for the p s board of directors. I hereby accep	ourpose of	changing l	ts registered
agent. I a					on 617.0503, FI	orida Statute	9S.	·	lio-, .	6 DOMES OF CHICAGO, I HOLOUT GOOD	л по арра	JII III II COR GO	· register ou
SIGNATURE .	يع		Ether	50 لو	way!					· · · · · · · · · · · · · · · · · · ·			
12.	Signature: 191-	OFFIC	CERS AND DI		ble * (No	TE: Registered Ap	Jen	il signature requi	irea w	hen reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	DIRECTOR	RS IN 12
TITLE	PD			DELETE 1.17			_					Change	Addition
NAME	IAME MCCLURE, LARRY			12 N			Ē						
STREET ADDRESS 1913 PARK MANOR DR.			JR.	1.3 \$			ET #	ADORESS					
CITY-ST-ZIP				1.4 C				- ZIP					-1
TITLE	STD	01405			☐ DELETE	2.1 TITLE						Change	Addition
NAME	MCCLURE, CLAIRE						2.2 NAME						
STREET ADDRESS	001 44400 =1				.			2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP					
CFTY-ST-ZIP TITLE	D	JU PL			DELETE	2.4 CITY-		T- ZIP			7 2 2	Change	Addition
NAME	_	Y, FRANK				3.2 NAME		Ì		•		عواساته س	
STREET ADDRESS	23930 C							ADDRESS					
CITY-ST-ZIP	EUSTIS					3.4. CITY		j					
TITLE		<u>, , , , , , , , , , , , , , , , , , , </u>			DELETE	4.1 TITLE						Change	Addition
NAME						4, 2 NAM	E						
STREET ADDRESS						4.3 STREE	ēT A	ADDRESS					
CITY-ST-ZIP					T an exc	4.4 CITY-		- ZIP				7 1 Ab	A state of
TITLE					DELETE	5.1 TITLE						Change	Addition
NAME ATRICET LINGUISM						5.2 NAME							i
STREET ADDRESS						5.3 STREE							
CITY-ST-ZIP TITLE					DELETÉ	5.4 CITY - 6.1 TITLE		- ZIP				Change	Addition
NAME					LL DELEVE	6.2 NAME							
STREET ADDRESS						6.3 STREE		ADDRESS					
CITY-ST-ZIP		_				6.4 CITY-							

Thereby 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:

Thise Ma Must Secy-Treasurer

4-25-98

401-275-5787