


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90052 028 ****61.25

DOCUMENT # N93000005593	
1. Entity Name THE OVIEDO DOG CLUB INC.	

Principal Place of Business 1913 PARK MANOR DR ORLANDO, FL 32817 US	Mailing Address 1913 PARK MANOR DR. ORLANDO, FL 32817 US
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04022004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3215767	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCCLURE, LARRY 1913 PARK MANOR DR. ORLANDO, FL 32817
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

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04/01/04-00025-012 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCLURE, LARRY 1913 PARK MANOR DR. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCCLURE, CLAIRE 1913 PARK MANOR DR. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, FRANK 23930 CR 44A EUSTIS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other jobs empowered.

SIGNATURE: Claire McClure Secy Treasurer 4-204 407-275-5787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

check # 6845 \$61.25
4-2-04