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

APPROVED AND FILED
95 APR 21 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001542 (9)

1. Corporate Name
GERMAN SHEPHERD RESCUED DOGS OF FLORIDA INCORPORATED - ~~Sunshine Independent Dogs~~

800001466118
-04/27/95--01021--020
*****61.25 *****61.25
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
RT 1, BOX 224 INTERLACHEN FL 32148	RT 1, BOX 224 INTERLACHEN FL 32148

3. Date Incorporated or Qualified: 03/29/1994
3a. Date of Last Report:
4. FEI Number: 59-3234778 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Rt I Box 224	26 Rt I Box 224
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Interlachen Fl	28 City & State: Interlachen Fl.
24 Zip: 32148 25 Country: Putnam	29 Zip: 32148 30 Country: Putnam

5. Certificate of Status Desired ☐ **$8.75** 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

9. Name and Address of Current Registered Agent

LUCIA, JUDITH A
RT 1, BOX 224
INTERLACHEN FL 32148

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 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: Judith A Lucia 4/3/95
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	President D	11 TITLE	☐ Change ☐ Addition
NAME	Judy A Lucia	12 NAME	
STREET ADDRESS	Route I Box 224	13 STREET ADDRESS	
CITY-ST-ZIP	Interlachen, Fl 32148	14 CITY-ST-ZIP	
TITLE	Vice President + Secretary	21 TITLE	☐ Change ☐ Addition
NAME	James R Lucia D	22 NAME	
STREET ADDRESS	Route I Box 224	23 STREET ADDRESS	
CITY-ST-ZIP	Interlachen, FL 32148	24 CITY-ST-ZIP	
TITLE	Trustee 1,	31 TITLE	☐ Change ☐ Addition
NAME	Richard + Chery Moorman	32 NAME	
STREET ADDRESS	Route 4 Box 528 R	33 STREET ADDRESS	
CITY-ST-ZIP	Interlachen, Fl 32148	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: Judith A Lucia Judith A Lucia 4/3/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone # 8 W 4-21-95

0024048