

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY -1 AM 8:17

DOCUMENT # N94000002872 (9)

1. Corporation Name

SOUTH FLORIDA LABRADOR RETRIEVER CLUB, INC.

Principal Place of Business

Mailing Address

1541 NW 5TH AVE.
FT. LAUDERDALE FL 33311

1541 NW 5TH AVE.
FT. LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1994

3a. Date of Last Report

4. FEI Number

65-0546669

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

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. 194.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 5400 Redwood Rd.

2a. Mailing Address

26 5400 Redwood Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City, State

23 Plantation FL

City, State

28 Plantation, FL

24 33317

25 USA

29 33317

30 USA

9. Name and Address of Current Registered Agent

LOYD, REBECCA
1541 NW 5TH AVE.
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name

JOHN TAPIE

82 Street Address (P.O. Box Number is Not Acceptable)

5400 Redwood Rd.

83

84 City

Plantation

FL

85

Zip Code

33317

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

JOHN TAPIE, TREAS.

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	DEBORAH O'RAY
STREET ADDRESS	5700 SW 196 LANE
CITY - ST - ZIP	FT. LAUDERDALE FL 33332
TITLE	VICE PRESIDENT
NAME	POULCE BIRD
STREET ADDRESS	1392 325 ST W
CITY - ST - ZIP	PLANTATION, FL 334205
TITLE	SECRETARY
NAME	LEE WULF SCHLEGEL
STREET ADDRESS	1301 MANHO ISLE
CITY - ST - ZIP	FT. LAUDERDALE 33315
TITLE	TREASURER
NAME	JOHN TAPIE
STREET ADDRESS	5400 Redwood Rd
CITY - ST - ZIP	Plantation, FL 33317
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	T	11 NAME	DENISE TROAST	☐ Change ☒ Addition
12 STREET ADDRESS		12 NAME	3800 S.W. 136 AVE.	
13 CITY - ST - ZIP		13 STREET ADDRESS	MIRAMAR, FL 33027	
14 CITY - ST - ZIP		14 CITY - ST - ZIP	MIRAMAR, FL 33027	
21 TITLE	T	21 NAME	MONA WILCHERS	☐ Change ☒ Addition
22 STREET ADDRESS		22 NAME	460 MT. VERNON DR. E	
23 CITY - ST - ZIP		23 STREET ADDRESS	PLANTATION, FL 33325	
24 CITY - ST - ZIP		24 CITY - ST - ZIP	PLANTATION, FL 33325	
31 TITLE	T	31 NAME	GEORGINA ABRAMSON	☐ Change ☒ Addition
32 STREET ADDRESS		32 NAME	6425 SPINNAER DR	
33 CITY - ST - ZIP		33 STREET ADDRESS	WAKO WAKES, FL 33453	
34 CITY - ST - ZIP		34 CITY - ST - ZIP	WAKO WAKES, FL 33453	
41 TITLE		41 NAME		☐ Change ☐ Addition
42 STREET ADDRESS		42 NAME		
43 CITY - ST - ZIP		43 STREET ADDRESS		
44 CITY - ST - ZIP		44 CITY - ST - ZIP		
51 TITLE		51 NAME		☐ Change ☐ Addition
52 STREET ADDRESS		52 NAME		
53 CITY - ST - ZIP		53 STREET ADDRESS		
54 CITY - ST - ZIP		54 CITY - ST - ZIP		
61 TITLE		61 NAME		☐ Change ☐ Addition
62 STREET ADDRESS		62 NAME		
63 CITY - ST - ZIP		63 STREET ADDRESS		
64 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 110.07(3)(a), 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 registered agent 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:

JOHN TAPIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95

Date

705-583-8784

Telephone Number