

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N94000002872 (9)**

1. Corporation Name

SOUTH FLORIDA LABRADOR RETRIEVER CLUB, INC.



| | |
|--|---|
| Principal Place of Business 5400 REDWOOD RD PLANTATION FL 33317 US | Mailing Address 5400 REDWOOD RD PLANTATION F 33317 US |
|--|---|

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|--|
| 3. Date Incorporated or Qualified 06/09/1994 |
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| | |
|------------------------------------|--|
| 4. FEI Number 65-0546669 | Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

| |
|---|
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TAPIE, JOHN
5400 REDWOOD RD
PLANTATION FL 33317**

| | |
|---|-----------|
| 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 | | |
|----------------------------|---------------------------|--|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | BERRY, DEBORAH | |
| STREET ADDRESS | 5700 SW 196TH LANE | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | BIRD, POLLIE | |
| STREET ADDRESS | 1302 32ND ST W | |
| CITY-ST-ZIP | BRADENTON FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | TAPIE, JOHN | |
| STREET ADDRESS | 5400 REDWOOD RD | |
| CITY-ST-ZIP | PLANTATION FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | JORDAN, LINDA | |
| STREET ADDRESS | 4100 SW 122 AVE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | VP | <input checked="" type="checkbox"/> DELETE |
| NAME | TROAST, DENISE | |
| STREET ADDRESS | 3800 SSW 136TH AVE | |
| CITY-ST-ZIP | MIRAMAR F | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | WIECHERS, MONA | |
| STREET ADDRESS | 460 MT VERNON DR E | |
| CITY-ST-ZIP | PLANTATION FL | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---------------------------------|--|
| 1.1 TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | DENISE TROAST | |
| 1.3 STREET ADDRESS | 3800 S.W. 136 AVE | |
| 1.4 CITY-ST-ZIP | MIRAMAR, FL. | |
| 2.1 TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Debbie BATES | |
| 2.3 STREET ADDRESS | 2213 RIVERLAND RD. | |
| 2.4 CITY-ST-ZIP | FT. LAUDERDALE, FL 33312 | |
| 3.1 TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | POLLIE BIRD | |
| 3.3 STREET ADDRESS | 1302 32 ST W. | |
| 3.4 CITY-ST-ZIP | BRADENTON, FL. | |
| 4.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | MARINA CHRISTIAN D. | |
| 4.3 STREET ADDRESS | P.O. BOX 0668 | |
| 4.4 CITY-ST-ZIP | MIAMI, FL 33243 | |
| 5.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | BILL SANDER D. | |
| 5.3 STREET ADDRESS | 791 N.W. 73 TERR. | |
| 5.4 CITY-ST-ZIP | PLANTATION, FL. 33317 | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. 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 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 its 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: **John M. Tapie, John M. TAPIE, Treas. 3-7-98 954-583-8784**

CP2E037 (10/97)