


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90256 006 ****61.25

DOCUMENT # N94000002872	
1. Entity Name SOUTH FLORIDA LABRADOR RETRIEVER CLUB, INC.	

Principal Place of Business 4685 NW 113 AVE SUNRISE, FL 33323 US	Mailing Address 4685 NW 113 AVE SUNRISE, FL 33323 US
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24032311



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04212004 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0546669		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent TAPIE, JOHN 4685 N W 113 AVENUE SUNRISE, FL 33323		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JORDAN, LINDA		NAME JACKIE CARLTON	
STREET ADDRESS 4100 SW 122 AVE		STREET ADDRESS 8721 SW. 26 COURT	
CITY-ST-ZIP MIAMI, FL 33175		CITY-ST-ZIP DAVIE, FL 33328	
TITLE VP	<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BARNET, PETE		NAME CATAY SPRINGER	
STREET ADDRESS 546 STONEMONT DR		STREET ADDRESS 4110 S.W. 111 TERRACE	
CITY-ST-ZIP WESTON, FL 33326		CITY-ST-ZIP DAVIE FL. 33328	
TITLE S	<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KINARD, LIZ		NAME DANACEY TAPIE	
STREET ADDRESS 11020 SW 163 STREET		STREET ADDRESS 4685 N.W. 113 AVE	
CITY-ST-ZIP MIAMI, FL 33175		CITY-ST-ZIP SUNRISE, FL 33323	
TITLE T	<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TAPIE, JOHN		NAME DAVID ZISMAN	
STREET ADDRESS 4685 NW 113 AVE		STREET ADDRESS 8240 S.W. 91 STREET	
CITY-ST-ZIP SUNRISE, FL 33323		CITY-ST-ZIP MIAMI, FL. 33156	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BERRY, DEBBIE		NAME	
STREET ADDRESS 5200 SW 196 LANE		STREET ADDRESS	
CITY-ST-ZIP FORT LAUDERDALE, FL 33332		CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WALKER, ARLINE		NAME	
STREET ADDRESS 773 N W 100 TERRACE		STREET ADDRESS	
CITY-ST-ZIP PLANTATION, FL 33324		CITY-ST-ZIP	

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 of 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 like empowered.

SIGNATURE: John M. Tapie **4-20-04 954-748-0150**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #