## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

N9500000511 (4) DOCUMENT #

ASSOCIATED CANINE CLUBS OF FLORIDA INC.

**FILED** Jun 16 1997 8:00am Secretary of State



								88      <b>58</b>   81 81	
Principal Place of Business Mailing Address					<u></u>				
1431 LARKIN ( DELTONA FL 3		1431 LARKIN COURT DELTONA FL 32725-4683	}						
						3. Date Incorporated or Qualified 01/30/1995	3a. [	Date of Las 06/03/1	t Report 996
<del></del>	Place of Business	2a. Mailing Address				4. FEI Number FOR 59-	3437	819	Applied For
21		26				-AITLIEUTON 5 /			Not Applicable
Suite, Apt.	. #, e1C.	Suite, Apt. #, etc.				5. Certificate of Status Desired	<b>K</b>		5 Additional Required
City & Stat	te	City & State			<b></b>	6, Election Campaign Financing			May Be
23		28				Trust Fund Contribution			d to Fees
Zip	Country	Zip	h	untry	•	8. This corporation has liability for		_	r s. 199.032,
24	25	29	30					X No	
	9. Name and Address of Curre	nt Registered Agent	<del> </del>	81	Name	10. Name and Address of New R	egisterec	Agent	
TOPEO	DOM			01	INGILLE				
TRIER,				82	Street Add	ress (P.O. Box Number is Not Accepta	ble)		
1431 LARKIN COURT DELTONA FL 32725				83					
1 DELION	W LE 05150				-				
ĺ				84	City		FI	85 Zi	p Code
agent. Co	Signature, typed or printed name of registered as	2 ruer		ed Age		poration submits this statement for the tion's board of directors. I hereby access the statement of the January lired when reinstating)  ADDITIONS/CHANGES TO OFFI	24,	1997	
TITLE	_P0_	☐ DELETE	1.1 1	TITLE		PSD		Chang	
1 NAME	DONALD R. TRIER		1.21	NAME		<del></del>			
STREET ADDRESS	1431 LARKIN COURT		1.3 9	STREET	ADDRESS				
CITY-ST-ZIP	DELTONA FL 32725		1.4 (	CITY-S	T-ZIP				
TITLE	VPD DELETÉ		2.1 1	2.1 TITLE				Chang	e 🔲 Addition
NAME	SALLIE MOORE	27 OIDOLE		AME					
STREET ADDRESS	1920 NORTH SPRUCE CREE DAYTONA BEACH FL 32124				ADDRESS				
CITY-ST-ZIP TITLE	-90-	DELETE	3.1 1		ST-ZIP			Chang	e Addition
NAME	- DELOREG-DUGAN	LER DELLIC		NAME					
STREET ADDRESS	-1120 CUNCREST-DRIVE-				ADDRESS				
CITY-ST-ZIP	-APOPKA FL-32703		- 1	CITY-S	ł				
TITLE	10	DELETE	4.11				_	Chang	e 🔲 Addition
NAME	FLORENCE L MYLOTT		4.2	NAME					
STREET ADDRESS	3090 BLAINE CIRCLE		4.3 9	STREET	ADDRESS				
CITY-ST-ZIP	DELTONA FL-32735 5330 -	<del>-</del>	4.4 (	CITY-S	T-ZIP	32738-5	330		
TITLE	!		<b>1</b> 511	TITLE				Chang	e 🔲 Addition
		☐ DELETE	ı		1				
NAME	]	LJ DELETE	5.2	NAME					
NAME STREET ADDRESS		L DELETE	5.2 f 5.3 S	STREET	ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP	,		5.2 M 5.3 S 5.4 C	STREET CITY - S				Chac-	o Addison
NAME STREET ADDRESS CITY-ST-ZIP TITLE	,	L J DELETE	5.2 f 5.3 S 5.4 C 6.1 T	STREET CITY - S FITLE				☐ Chang	e Addition
NAME STREET ADDRESS CITY-ST-2IP TITLE NAME	,		5.2 f 5.3 S 5.4 C 6.1 T 6.2 f	STREET CITY - S FITLE NAME	T - ZIP			☐ Chang	e 🔲 Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE			5.2 f 5.3 s 5.4 ( 6.1 t 6.2 f 6.3 s	STREET CITY - S FITLE NAME	1-ZIP ADDRESS	·		☐ Chang	e 🔲 Addition

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 attackment with an address. **% (904) 734-7923** Jan 24, 1997