

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 APR 13 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700001456257
-04/14/95--01011--013
*****130.00 *****130.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # **NA5000001191**
1. Corporation Name

Newfoundland Club of Florida, Inc

Principal Place of Business Mailing Address
Newfoundland Club of Florida, Inc
2809 Shamrock North
Tallahassee, FL 32308-2231

3. Date Incorporated or Qualified **July 13, 1994** 3a. Date of Last Report
4. FEI Number **59-3117287** 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 § 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent
Candace C. McMahon
2809 Shamrock North
Tallahassee, FL 32308-2231

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 officer 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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
1. President - D Candace C. McMahon 2809 Shamrock North Tallahassee, FL 32308
2. Vice President - D Nancy J. Aliff 8161 Blue Quill Tallahassee, FL 32313-5017
3. Treasurer - D Karen Phillips-Myers 2009 Scenic Rd Tallahassee, FL 32303
4. Secretary - D Sharon Demack 3768 Taro Place Sarasota, FL 34232
5. Executive Advisor - D Beth Basel 1532 US 41 By Pass S #262 Venice, FL 34293

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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 or 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 amendment with an address.

SIGNATURE

Candace C. McMahon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CANDACE C. MCMAHON, PRESIDENT

March 31, 1995 904-893-4456

SW 4-13-95