FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N96000002339 (7) DOCUMENT #

EVERGLADES REGIONAL DOG HUNTERS ASSOCIATION, INC

•				
Principal Place of Business Mailing Address				(pagnie) des samé divir agril dans parél dont paire libra suité fine dir létr
719 MERCURY ST PO BOX 221652 WEST PALM BEACH FL 33406 W. PALM BCH. FL 33411			3. Date Incorporated or Qualified 05/01/1996	
				4. FEI Number Applied For NOT APPLICABLE Not Applicable
2. Principal Place of Business 2a. Mailing Address				C C TE Additional
h	BOY 221652	26		5. Certificate of Status Desired
Sulte, Apt.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
22		27		Trust Fund Contribution Added to Fees
City & State	B. Fla	City & State		7. Is this nonprofit corporation a homeowners association? Yes No
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 334	11 25 Falm Bch	29 30	o <u> </u>	Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
81 Name Bet				betty felton
GODDARD, LAURIE			82 Street	Address (P.O. Box, Number is Net Acceptable)
				O Meridian Rd
WEST PALM BEACH FL 33406				
[84 City	DEST PAlm Bch FL 85 29 39417
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				
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 algorithm reinstalling) DATE				
12.	OFFICERS AND		13,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BALL, DALLAS		1.2 NAME	
STREET ADDRESS	6760 LAKESIDE RD.	!	1.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL 33411		1.4 CITY - ST - ZIP	
TITLE	1VP	☐ DELETE	2.1 TITLE	Change Addition
NAME	WORKMAN, TERRY		2.2 NAME	
STREET ADDRESS	120 PRICE ST.	•	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33461		2.4 CITY-ST-ZIP	
TITLE	2VP	☐ DELETE	3.1 TITLE	Change Addillon
NAME	NICAR, JACK SR		3.2 NAME	
STREET ADDRESS	1220 WELLINGTON ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	W.P.B. FL 33401	DELETE	3.4. CITY-ST-ZIP	Change Addition
TITLE	D DODEDT	C) OCCUR	4.1 TITLE	
NAME	BUNTING, ROBERT 500 NE 3RD ST.	!	4.2 NAME	
STREET ADDRESS	BELLE GLADE FL 33430		4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	D BELLE GLADE FL 33430	DY DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition
NAME	TRENT, KEN		5.2 NAME	William Sandman
STREET ADDRESS	4219 CHRISTINE LN		5.3 STREET ADDRESS	2946 Alice Dr
CITY-ST-ZIP	W P B FL 33406		5.4 CITY-ST-ZIP	Lake worth fla 33461
TITLE	0	DELETE	6.1 TITLE	Change Addition
NAME	DEBROWSKI, FRANK		6.2 NAME	
STREET ADDRESS	12085 ACAPULCO AVE.		6.3 STREET ADDRESS	

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 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 attachment with an address.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

FILED

Apr 02 1998 8:00am

Secretary of State