

FILE NOW: FILING FEE IS \$61.25

*Don't electio  
Send up a*

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90028 010 \*\*\*\*61.25

0065419

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N96000002339**

1. Corporation Name

**EVERGLADES REGIONAL DOG HUNTERS ASSOCIATION, INC**

Principal Place of Business

P.O. BOX 221652  
WEST PALM BEACH FL 33411  
US

Mailing Address

PO BOX 221652  
W. PALM BCH. FL 33411



2. Principal Place of Business

21 *P.O. Box 221652*

Suite, Apt. #, etc.

22

City & State

23 *West Palm Beach, FL*

Zip

24 *33411*

Country

25 *USA*

2a. Mailing Address

26 *P.O. Box 221652*

Suite, Apt. #, etc.

27

City & State

28 *WEST PALM BEACH, FL.*

Zip

29 *33411*

Country

30 *USA*

3. Date Incorporated or Qualified

*05/01/1996*

4. FEI Number

*NOT APPLICABLE*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

FELTON, BETTY  
1520 MRIDIAN RD  
WEST PALM BEACH FL 33417

*MERIDIAN ROAD*

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 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 *Betty Felton*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*2-18-99*

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

P  
NAME BALL, DALLAS  
STREET ADDRESS 6760 LAKESIDE RD.  
CITY-ST-ZIP W. PALM BCH. FL 33411

TITLE ☒ DELETE

1VP  
NAME WORKMAN, TERRY  
STREET ADDRESS 120 PRICE ST.  
CITY-ST-ZIP LAKE WORTH FL 33461

TITLE ☐ DELETE

2VP  
NAME NICAR, JACK SR  
STREET ADDRESS 1220 WELLINGTON ST.  
CITY-ST-ZIP W.P.B. FL 33401

TITLE ☒ DELETE

D  
NAME BUNTING, ROBERT  
STREET ADDRESS 500 NE 3RD ST.  
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE ☐ DELETE

D  
NAME SANDMAN, WILLIAM  
STREET ADDRESS 2946 ALICE DR  
CITY-ST-ZIP LAKE WORTH FL 33461

TITLE ☐ DELETE

D  
NAME DEBROWSKI, FRANK  
STREET ADDRESS 12085 ACAPULCO AVE.  
CITY-ST-ZIP PALM BCH. GARDENS FL 33410

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

P  
NAME William Sandman  
STREET ADDRESS 2946 Alice Dr.  
CITY-ST-ZIP Lake Worth, FL 33461

2.1 TITLE ☒ Change ☐ Addition

1VP  
NAME Robert Bunting  
STREET ADDRESS 500 N.E. 3rd St.  
CITY-ST-ZIP Belle Glade, FL 33430

3.1 TITLE ☒ Change ☐ Addition

2 VP  
NAME vacant

4.1 TITLE ☒ Change ☐ Addition

D  
NAME Frank Debrowski  
STREET ADDRESS 12085 Acapulco Ave.  
CITY-ST-ZIP Palm Beach Gardens, FL 33410

5.1 TITLE ☒ Change ☐ Addition

D  
NAME Laurie Goddard  
STREET ADDRESS 719 Mercury Street  
CITY-ST-ZIP West Palm Beach, FL 33405

6.1 TITLE ☒ Change ☐ Addition

D  
NAME Betty Felton  
STREET ADDRESS 1520 Meridian Rd.  
CITY-ST-ZIP West Palm Beach, FL 33417

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

*William Sandman* 2-18-99 561-315-5358

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)