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Apr 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002739 (8)**

1. Corporation Name

**THE FLORIDA AMERICAN ESKIMO DOG ASSOCIATION, INC**

Principal Place of Business

**5977 24TH AVE., S.W.  
NAPLES FL 33999**

Mailing Address

**5977 24TH AVE., S.W.  
NAPLES FL 33999**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**05/16/1996**

4. FEI Number

**65-0702041**

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**ALLEN, DEBORAH J  
5977 24TH AVE., S.W.  
NAPLES FL 33999**

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

*Deborah J. Allen*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/30/98**  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP  
MACDONALD, STARR**  
STREET ADDRESS **5301 SALTAMONTE DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE ☒ DELETE

NAME **DVP  
UMBERTO, BETTY**  
STREET ADDRESS **11087 117 LANE NORTH**  
CITY-ST-ZIP **LARGO FL**

TITLE ☐ DELETE

NAME **DST  
ALLEN, DEBORAH J**  
STREET ADDRESS **5977 24TH AVE SW**  
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
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 **DVP  
Robert Petrie**  
4.3 STREET ADDRESS **4339 Piedras Street**  
4.4 CITY-ST-ZIP **Cocoa, FL 32927**

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **DS  
Cindy Boccia**  
5.3 STREET ADDRESS **232 Indigo Drive**  
5.4 CITY-ST-ZIP **Clearwater, FL 33763**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE: *Deborah J. Allen* **Deborah J. ALLEN, Treas.** **3/30/98** **941-352-6682**

CR2E037 (10/97)