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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N98000002998

1. Corporation Name

FLORIDA WOLF AND WOLFDog ALLIANCE, INC.

Principal Place of Business

2609 6 AVE. NO.
ST. PETERSBURG FL 33713

Mailing Address

2609 6 AVE. NO.
ST. PETERSBURG FL 33713



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 P.O. Box 15726

27 Suite, Apt. #, etc.

28 City & State

Zip

33733

Country

3. Date Incorporated or Qualified

04/01/1998

4. FEI Number

59-3518819

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

9. Name and Address of Current Registered Agent

SCHIPPER, THOMAS
2609 6 AVE. NO.
ST. PETERSBURG FL 33713

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHIPPER, THOMAS	
STREET ADDRESS	2609 6 AVE. NO.	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	JONES, SANDY	
STREET ADDRESS	2609 6 AVE. NO.	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WALLER, TAMMY	
STREET ADDRESS	2609 6 AVE. NO.	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ENGLISH, KAREN	
STREET ADDRESS	1046 HORNBEAM ST.	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOWDY, LORIE	
STREET ADDRESS	10350 SAN MARTIN BLVD.	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PALMER, BETH	
STREET ADDRESS	RT. 4, BOX 538	
CITY-ST-ZIP	HAVANA FL 32333	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SD KATRE ANDERSON
2.3 STREET ADDRESS	58 VENTURA DR.
2.4 CITY-ST-ZIP	DUNEDIN, FL 33698
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	T WALLER, TAMMY
3.3 STREET ADDRESS	3417 20TH ST. NO.
3.4 CITY-ST-ZIP	ST. PETE, FL 33713
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D ENGLISH, KAREN
4.3 STREET ADDRESS	RT 2 BOX 217
4.4 CITY-ST-ZIP	GORE, OK 74435
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D BEDNAR, DAWN
6.3 STREET ADDRESS	7957 ABERDEEN CIRC
6.4 CITY-ST-ZIP	LARGO, FL 33771

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

TAMMY L. WALLER -

(727) 528-1595

Date

Daytime Phone #

CR3E037 (1/1/98)