


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90038 043 ****61.25

DOCUMENT # 712284
 1. Entity Name
STUART-FORT PIERCE KENNEL CLUB, INC.



Principal Place of Business
**246 NE GRANDEUR AVENUE
 PORT SAINT LUCIE FL 34983**

Mailing Address **GRANDUER**
**246 NE GRANDEUR AVENUE
 PORT SAINT LUCIE FL 34983**

94016008



MOORE CR2E037 (11/03)

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

4. FEI Number **59-6160637**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SACCHETTI, CAROL
 246 NE GRANDEUR AVENUE
 PORT SAINT LUCIE FL 34983**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, PAMELA 497 2ND PLACE VERO BCH FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEBBINS, BARBARA 2271 S.W. ALMANSA AVE PT ST LUCIE FL 34953 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTZEN, MARY 370 NW TYLER AVE PT ST LUCIE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURKEY, LINDA 632 SW SYNTHIA ST PORT SAINT LUCIE FL 34983 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUMAS, DEBORAH 2302 SE SHIPPING RD PT ST LUCIE FL 34952 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SACCHETTI, CAROL 246 NE GRANDEUR AVENUE PORT SAINT LUCIE FL 34983 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EVERETT PRIEST PO BOX 1351 FT PIERCE, FL 34954 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VA AL STEBBINS 2271 SW ALMANSA AVE, PT. ST. LUCIE, FL 34953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARBARA STEBBINS 2271 SW ALMANSA AVE, PT. ST. LUCIE, FL 34953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rec S: PAMELA SCHOLEY 5734 SW QUAIL HOLLOW ST PALM CITY, FL 34990 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carol Sacchetti CAROL SACCHETTI 2-9-04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #