

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90085 048 ****70.00

DOCUMENT # 712284

1. Entity Name
TREASURE COAST KENNEL CLUB, INC.



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

Mailing Address
246 NE GRANDEUR AVENUE
PORT SAINT LUCIE, FL 34983

40033753



2. Principal Place of Business

801 Bailey Drive
Suite, Apt. #, etc.

3. Mailing Address

801 Bailey DR
Suite, Apt. #, etc.

03162005 Chg-NP CR2E037 (10/03)

City & State

Sebastian, FL

City & State

Sebastian, FL

4. FEI Number
59-6160637

Applied For
Not Applicable

Zip
32958

Country
USA

Zip
32958

Country
USA

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
Sue A. Rafferty
Street Address (P.O. Box Number is Not Acceptable)
801 Bailey Drive
City
Sebastian FL Zip Code
32958

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

Sue A. Rafferty

3/17/05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

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 P
NAME PRIEST, EVERETT ☒ Delete
STREET ADDRESS PO BOX 1357
CITY-ST-ZIP FORT PIERCE, FL 34950

TITLE VP
NAME STEBBINS, AL ☒ Delete
STREET ADDRESS 2271 S.W. ALMANSA AVE
CITY-ST-ZIP PT ST LUCIE, FL 34953

TITLE S
NAME STEBBINS, BARBARA ☒ Delete
STREET ADDRESS 2271 SW ALMANSA AVE.
CITY-ST-ZIP PORT SAINT LUCIE, FL 34953

TITLE R
NAME SCHOLEY, PAMELA A ☒ Delete
STREET ADDRESS 5734 SW QUAIL HOLLOW ST.
CITY-ST-ZIP PALM CITY, FL 34990

TITLE T
NAME SACCHETTI, CAROL ☒ Delete
STREET ADDRESS 246 NE GRANDEUR AVENUE
CITY-ST-ZIP PORT SAINT LUCIE, FL 34983

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Change ☒ Addition
NAME Matthias O'Farrell
STREET ADDRESS 946 6th Lane
CITY-ST-ZIP VERO BEACH, FL 32958

TITLE VP ☐ Change ☒ Addition
NAME Pam Price
STREET ADDRESS 1740 26th Ave
CITY-ST-ZIP Vero Beach, FL 32960

TITLE S ☐ Change ☒ Addition
NAME Bernadette Michener
STREET ADDRESS 1106 NE 82nd Ave
CITY-ST-ZIP Okeechobee, FL 34974

TITLE R ☐ Change ☒ Addition
NAME Italy Stone
STREET ADDRESS 316 17th Ave
CITY-ST-ZIP Vero Beach FL 32962

TITLE T ☐ Change ☒ Addition
NAME Sue A. Rafferty
STREET ADDRESS 801 Bailey DR
CITY-ST-ZIP Sebastian, FL 32958

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Sue A. Rafferty

Sue A. Rafferty

3/17/05

772-234-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #