

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90042 012 ****61.25

DOCUMENT # 712284			
1. Entity Name TREASURE COAST KENNEL CLUB, INC.			
Principal Place of Business 801 BAILEY DRIVE SEBASTIAN FL 32958		Mailing Address 801 BAILEY DRIVE SEBASTIAN FL 32958	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent RAPFERTY, SUE A 801 BAILEY DRIVE SEBASTIAN FL 32958 CAROL SACCHETTI 246 N.E. Grandeur Ave. Port St. Lucie, FL 34983		7. Name and Address of New Registered Agent Name CAROL SACCHETTI Street Address (P.O. Box Number is Not Acceptable) 246 NE GRANDUER AVE. City Port St. Lucie FL Zip Code 34983	
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 CAROL SACCHETTI DATE 2-1-06 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)			

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'FERRELL, MATTIAS 946 6TH LANE VERO BEACH FL 32958 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRICE, PAM 1740 26TH AVE VERO BEACH FL 32960 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MICHENER, BERNADETTE 1166 NE 82ND AVE OKEECHOBEE FL 34974 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R STONE, HALEY 316 17TH AVE VERO BEACH FL 32962 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICHENER, JOSEPH ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REFFERTY, SUE A 801 BAILEY DR SEBASTIAN FL 32958 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SACCHETTI, CAROL ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Secretary's Phone #

772-343-

2-1-06 7082