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

## **DOCUMENT #712696**

1. Entity Name



**FILED** Apr 05, 2006 8:00 am Secretary of State

FLORIDA GULF COAST DACHSHUND, INC.					04-05-2006 9015 / 035 ****61.25				
Principal Plac	e of Business	Mailing Address	•						
FLORIDA GI 2705 NORW VENICE FL		FLORIDA GULF COAST 2705 NORWOOD LANE VENICE FL 34292		CLUB IN					
2. Principal Place of Business		3. Mailing Address			· · · · · · · · · · · · · · · · · · ·	<b>in) 146</b> 43 tib/8 bills int	IN EIII 6457( 816))		1111 <b>5) 5) 124</b> 1
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E037 (10/05)				
City & State		City & State			4. FEI Number	59-173463	2		pplied For lot Applicable
Zip	Country	Zip	Country		5. Certificate of	Status Desired		\$8.75 Ad Fee Require	
	6. Name and Address of Current F	legistered Agent			7. Name and Ac	dress of New	Registered A	Agent	
			Name						
CASTORAL, MARY 2705 NORWOOD LANE			Street A	Street Address (P.O. Box Number is Not Acceptable)					
VEN	NCE FL 34292								i
			City	-			FL	Zip Cod	e
	named entity submits this statement for	the purpose of changing its re	egistered office o	r registere	ed agent, or both, i	in the State of F	lorida. I am	familiar with	, and accept
the obligat	tions of registered agent.								
CVONATUDE						•			
SIGNATURÉ .	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE:	Registered Agent signat	tive required	when reinstating)		DATE		
	Stynature, typed or printed name of registered agent of FILE NOW: FEE IS \$61,25  Due By May 1, 2006	9. Election Camp Trust Fund Co	oaign Financing		\$5.00 May 8e Added to Fees	Flor	ake Checl ida Depar	tment of	State
10.	Signature, typed or printed name of registered agent a  FILE NOW: FEE IS \$61.25  Due By May 1, 2006  OFFICERS AND DIR	9. Election Camp Trust Fund Co	paign Financing ontribution.		<b>\$5.00</b> May Be	Flor	ake Checl ida Depar	tment of	State N 10
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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: \_

Mary Castocae MARY CASTORAL