

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

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

04-05-2006 90157 035 ****61.25



DOCUMENT # 712696
1. Entity Name
FLORIDA GULF COAST DACHSHUND, INC.

Principal Place of Business Mailing Address
FLORIDA GULF COAST DACHSHUND CLUB IN 2705 NORWOOD LANE VENICE FL 34292



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1734632** Applied For Not Applicable

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

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CASTORAL, MARY
2705 NORWOOD LANE
VENICE FL 34292**

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 re-registering) DATE _____

**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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	PAULE, HELGA	
STREET ADDRESS	10395 SAN MARTIN BLVD	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MCCALLISTER, ED	
STREET ADDRESS	1360 PONCE DE LEON BLVD	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	RC	<input checked="" type="checkbox"/> Delete
NAME	CARDILLO, JEANNE	
STREET ADDRESS	115 SUNNY SIDE DR.	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	S	<input type="checkbox"/> Delete
NAME	BYRNE, ME	
STREET ADDRESS	4030 PONEA DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTORAL, MARY	
STREET ADDRESS	2705 NORWOOD LANE	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUBITSKY, BARBARA	
STREET ADDRESS	7345 PINE NEEDLE RD	
CITY-ST-ZIP	SARASOTA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEANNE CARDILLO	
STREET ADDRESS	115 SUNNYSIDE DRIVE	
CITY-ST-ZIP	VENICE, FL. 34293	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEANNE HAFFORD	
STREET ADDRESS	1712 SUNRISE PLACE	
CITY-ST-ZIP	SEBRING, FL. 33870	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Castoral* MARY CASTORAL 941 488-3-28-06 6165