


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90082 046 ****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
 FLORIDA GULF COAST DACHSHUND CLUB IN 2705 NORWOOD LANE VENICE FL 34292



2. Principal Place of Business - No P.O. Box # 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 (10/06)

6. Name and Address of Current Registered Agent
CASTORAL, MARY
2705 NORWOOD LANE
VENICE FL 34292

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 *Mary Castoral* 3-26-07
Signature, typed or printed name of registered agent and title if applicable (NOT) Registered Agent signature required when reinstating. DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	P PAULE, HELGA 10395 SAN MARTIN BLVD CLEARWATER FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	T CARDILLO, JEANNE 115 SUNNY SIDE DRIVE VENICE FL 34293 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	RC HAFFORD, GWEN 1712 SUNRISE PLACE SEBRING FL 33870 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	S BYRNE, ME 4030 PONEA DR SARASOTA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D CASTORAL, MARY 2705 NORWOOD LANE VENICE FL 34292 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D DUBITSKY, BARBARA 7345 PINE NEEDLE RD SARASOTA FL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	President Doe Chillura Tampa FL. 4529 West Dun St. 33614 <input checked="" 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	R.C. Helga Paule 10395 San Martin Blvd St. Petersburg FL. <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	Mary Castoral 2705 Norwood Ln. Venice FL. 34292 <input checked="" 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 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* 3-26-07 0165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #