

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90027 010 ****70.00



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

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



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State
 Zip Country

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

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

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 _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature must be read when recording) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	<input type="checkbox"/> Delete
NAME	CHILLURE, DEC	
STREET ADDRESS	4529 WEST DEAN ST.	
CITY- ST- ZIP	TAMPA FL 33614	
TITLE	RC	<input type="checkbox"/> Delete
NAME	PAULA, HELGA	
STREET ADDRESS	10395 JAN MAITHER BLVD.	
CITY- ST- ZIP	ST. PETERSBURG FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BYRNE, ME	
STREET ADDRESS	4030 PONEA DR	
CITY- ST- ZIP	SARASOTA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	CASTRA, MARY E	
STREET ADDRESS	2705 NORWOOD LN	
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"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEE CHILLURA	
STREET ADDRESS	4529 WEST FERN ST	
CITY- ST- ZIP	TAMPA, FL. 33614	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULKE HELGA	
STREET ADDRESS	10395 SAN MARTIN BLVD	
CITY- ST- ZIP	ST. PETERSBURG FL. 33702	
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	CASTORAL MARY	
STREET ADDRESS	2705 NORWOOD LANE	
CITY- ST- ZIP	VENICE, FL. 34292	
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 1-24-08/941-488-6165