2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#712696

FILED Feb 26, 2011 Secretary of State

Entity Name: FLORIDA GULF COAST DACHSHUND, INC.

Current Principal Place of Business:

New Principal Place of Business:

FLORIDA GULF COAST DACHSHUND CLUB INC

2705 NORWOOD LANE VENICE, FL 34292 6547 BONNIE BLUE DR WESLEY CHAPEL, FL 33544

VEINICE, FL 34292

New Mailing Address:

FLORIDA GULF COAST DACHSHUND CLUB INC

2705 NORWOOD LANE VENICE, FL 34292

Current Mailing Address:

FLORIDA GULF COAST DACHSHUND CLUB INC

FLORIDA GULF COAST DACHSHUND CLUB INC

6547 BONNIE BLUE DR WESLEY CHAPEL, FL 33544

FEI Number: 80-0505027

FEI Number Applied For () FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LUCY GRANOWICZ 6547 BONNIE BLUE DR

WESLEY CHAPEL, FL 33544 US

CASTORAL, MARY 2705 NORWOOD LANE VENICE, FL 34292 US

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.

SIGNATURE: LUCY GRANOWICZ

02/26/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES

Name: WESSBERG, PAUL M Address: 4485 NORTH LAKE DRIVE City-St-Zip: SARSOTA, FL 34232

Title: VP

Name: KEPLER, CAROL MS Address: 532 N POMPANO AVE City-St-Zip: SARASOTA, FL 34237

Title: RS

Name: DELANEY, CONNIE MS Address: 17909 PEPPER TREE LANE

City-St-Zip: LUTZ, FL 33548

Title: CS

 Name:
 BYRNE, MARY ELLEN MS

 Address:
 4030 PONEA DRIVE

 City-St-Zip:
 SARASOT, FL 34241 60

Title:

 Name:
 GRANOWICZ, LUCY MS

 Address:
 6547 BONNIE BLUE DR

 City-St-Zip:
 WESLEY CHAPEL, FL 33544

Title: DIR

 Name:
 THOMAS, IDA MRS

 Address:
 PO BOX 1212

 City-St-Zip:
 BRADENTON, FL 34206

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LUCY GRANOWICZ TREA 02/26/2011