

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719678

FILED
Apr 07, 2009
Secretary of State

Entity Name: NORTH FLORIDA AMATEUR RETRIEVER CLUB, INC.

Current Principal Place of Business:

5400 VETERANS MEMORIAL DRIVE
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

5400 VETERANS MEMORIAL DRIVE
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, RICHARD H
5400 VETERANS MEMORIAL DRIVE
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOHNSON, RICHARD H
Address: 5400 VETERANS MEMORIAL DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: VPD () Delete
Name: TALLEY, JEFFERY J
Address: 6024 LEIGH READ RD
City-St-Zip: TALLAHASSEE, FL 32309

Title: SD () Delete
Name: RUSSELL, KAREN J
Address: 3042 STILLWOOD CT
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD () Delete
Name: MARKS, VALARIE
Address: 6383 PISGAH CHURCH ROAD
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: DUNCAN, WILTON JR
Address: 3421 VALLEY CREEK DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: BINDHARDT, MARGO H
Address: MOCCASIN GAP ROAD
City-St-Zip: MICCOSUKEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KAREN J. RUSSELL

SD

04/07/2009

Electronic Signature of Signing Officer or Director

Date