


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 730711**  
 1. Entity Name  
**WEST VOLUSIA KENNEL CLUB, INC.**



Principal Place of Business: **P.O. BOX 1723  
 DELAND, FL 32721-1723 US**

Mailing Address: **P.O. BOX 1723  
 DELAND, FL 32721-1723 US**



03222006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: **59-1676018** Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
**WEIGEL, ALLYN H  
 986 ISLAND GROVE DR.  
 DELAND, FL 32721**

**DO NOT WRITE IN THIS SPACE**

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 reinstating) DATE: \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLOMQUIST, MARJORIE 1725 ARREDONDO GRANT RD DELEON SPRINGS, FL 32721
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POTEAT, JUDITH 900 W. BLUE SPRINGS AVE ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENTILE, LORRAINE 517 THIRD AVE SATSUMA, FL 32189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS BURTCHELL, DANA 200 SUNCREST DR DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEIGEL, ALLYN H 986 ISLAND GROVE DR. DELAND, FL 32721
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENTILE, PAUL 517 THIRD AVE SATSUMA, FL 32189

1100000481776  
 04/11/06-80047-003 70.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Allyn H. Weigel/Treas.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/06  
Date

Daytime Phone #