



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 22, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # 730711 1. Entity Name WEST VOLUSIA KENNEL CLUB, INC.	
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Principal Place of Business P.O. BOX 1723 DELAND, FL 32721-1723 US	Mailing Address P.O. BOX 1723 DELAND, FL 32721-1723 US
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**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1676018	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MCCLINTICK, KATHY  
 195 RUNNING DEER TRAIL  
 LAKE HELEN, FL 32744

**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: *Kathy McClintick* 2-20-08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

00000035713  
 02/29/08-80044-020 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GENTILE, LORRAINE 517 THIRD AVE SATSUMA, FL 32189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLOMQUIST, MARJORIE 1725 ARREDONDO GRANT RD DE LEON SPRINGS, FL 32130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, WENDY 954 LEEWARD DRIVE DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS JACKSON, MELISSA 1521 ROBINWOOD DRIVE DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCLINTICK, KATHY 195 RUNNING DEER TRAIL LAKE HELEN, FL 32744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURTCHELL, DANA P.O. OX 530875 DEBARY, FL 32753

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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: *Kathy McClintick* 2-20-08 3865473978  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #