

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744431

FILED
Mar 22, 2008
Secretary of State

Entity Name: DOG OBEDIENCE CLUB OF HOLLYWOOD, INC.

Current Principal Place of Business:

6591 SW 45 ST
DAVIE, FL 33314 US

New Principal Place of Business:

Current Mailing Address:

D.O.C.O.H.
8831 NW 14 STREET
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 59-0182722 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAMANTE, ARLENE
3230 S.W. 121ST AVENUE
DAVIE, FL 33330 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: ROTH, HARRYETTE
Address: 1339 SW 151 TERRACE
City-St-Zip: SUNRISE, FL 33326

Title: CS () Delete
Name: PANETTA, MICHELE
Address: 3963 NW 18 AVE.
City-St-Zip: OAKLAND PARK, FL 33309

Title: VPD () Delete
Name: SMITH, ANNETTE
Address: 6430 HARDING STREET
City-St-Zip: HOLLYWOOD, FL 33024

Title: TD () Delete
Name: THOMAS, JANA
Address: 8831 NW 14 STREET
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D () Delete
Name: CAROL, GODINA
Address: 1812 SW 23 STREET
City-St-Zip: FT. LAUDERDALE, FL 33315

Title: RS () Delete
Name: REELEY, KATHY
Address: 2745 MONROE STREET
City-St-Zip: HOLLYWOOD, FL 33020

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: D (X) Change () Addition
Name: REELEY, KATHY
Address: 2745 MONROE STREET
City-St-Zip: HOLLYWOOD, FL 33020

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: JANA R THOMAS

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03/22/2008

Electronic Signature of Signing Officer or Director

_____ Date