


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91039 003 ****70.00

DOCUMENT # 770285			
1. Entity Name DOBERMAN PINSCHER CLUB OF FLORIDA, INC.			
Principal Place of Business % MARJORIE W. VEERKAMP 741 S.W. 71 AVENUE PEMBROKE PINES, FL 33023		Mailing Address % MARJORIE W. VEERKAMP 741 S.W. 71 AVENUE PEMBROKE PINES, FL 33023	
2. Principal Place of Business 4300 NW 6 CT Suite, Apt. #, etc.		3. Mailing Address 4300 NW 6 CT Suite, Apt. #, etc.	
City & State Coconut Creek, FL		City & State Coconut Creek, FL	
4. FEI Number 94-3015138		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent VEERKAMP, MARJORIE W. 741 S.W. 71 AVENUE PEMBROKE PINES, FL 33023		7. Name and Address of New Registered Agent Name: JUDY L. KING Street Address (P.O. Box Number is Not Acceptable): 4300 N.W. 6 COURT City: COCONUT CREEK, FL Zip Code: 33066	
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: <i>Judy L. King</i>		JUDY L. KING, TREASURER 4-28-04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: T NAME: VEERKAMP, MARJORIE W. STREET ADDRESS: 741 SW 71 AVE. CITY-ST-ZIP: PEMBROKE PINES, FL 33023	<input checked="" type="checkbox"/> Delete	TITLE: DIRECTOR NAME: JORDAN, JEANETTE STREET ADDRESS: 14629 GLENCAIRN RD CITY-ST-ZIP: MIAMI LAKES, FL 33016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: KENNEDY, JEAN STREET ADDRESS: 1585 NE 128 STREET CITY-ST-ZIP: NORTH MIAMI, FL 33161	<input checked="" type="checkbox"/> Delete	TITLE: DIRECTOR NAME: HEMMERLE, MARK STREET ADDRESS: 1701 S.W. 21 ST CITY-ST-ZIP: FT LAUD. FL 33315	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VP NAME: RAMOS, LINDA STREET ADDRESS: 15936 W WIND CIRCLE CITY-ST-ZIP: FORT LAUDERDALE, FL 33326	<input type="checkbox"/> Delete	TITLE: CORRESPONDING SECY NAME: RAMOS, LINDA STREET ADDRESS: 15936 W. WIND CIRCLE CITY-ST-ZIP: FT. LAUD. FL 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: KING, JUDY STREET ADDRESS: 1157 NW 30 STREET CITY-ST-ZIP: FORT LAUDERDALE, FL 33311	<input type="checkbox"/> Delete	TITLE: TREASURER NAME: KING, JUDY L. STREET ADDRESS: 4300 NW 6 CT CITY-ST-ZIP: COCONUT CREEK, FL 33066	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P NAME: BAILEY, RAYMOND STREET ADDRESS: 1625 NE 33 ST CITY-ST-ZIP: OAKLAND PARK, FL 33334	<input type="checkbox"/> Delete	TITLE: DIRECTOR NAME: JOFFE, GRACE STREET ADDRESS: 6920 SW 182 WAY CITY-ST-ZIP: SOUTHWEST RANCHES, FL 33331	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: BLACKBURN, DONNA STREET ADDRESS: 19810 NE 12 AVE CITY-ST-ZIP: NM BEACH, FL 33179	<input type="checkbox"/> Delete	TITLE: VICE PRESIDENT NAME: DIMARIA, ANTHONY STREET ADDRESS: 908 SAVANNAH FALLS DR. CITY-ST-ZIP: WESTON FL 33327	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Judy L. King</i>		JUDY L. KING 4-28-04 214-7664	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	