

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770285

FILED
Mar 29, 2006
Secretary of State

Entity Name: DOBERMAN PINSCHER CLUB OF FLORIDA, INC.

Current Principal Place of Business:

4300 NW 6 CT.
COCONUT CREEK, FL 33066

New Principal Place of Business:

Current Mailing Address:

4300 NW 6 CT.
COCONUT CREEK, FL 33066

New Mailing Address:

FEI Number: 94-3015138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, JUDY L
4300 NW 6 CT.
COCONUT CREEK, FL 33066 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: D () Delete
Name: CATALFU, LOGAN
Address: 331 188 STREET
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: D () Delete
Name: HEMMERLE, MARK
Address: 1701 SW 21 ST.
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: CS () Delete
Name: CATALFU, PETER
Address: 331 188 STREET
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: T () Delete
Name: KING, JUDY
Address: 4300 NW 6 CT.
City-St-Zip: COCONUT CREEK, FL 33066

Title: P () Delete
Name: VEERKAMP, MARJORIE
Address: 741 SW 71 AVE
City-St-Zip: PEMBROKE PINES, FL 33023

Title: D () Delete
Name: DEANGELIS, DANTE
Address: 934 N. UNIVERSITY DR. # 305
City-St-Zip: CORAL SPRINGS, FL 33071

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 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: JUDY L. KING

TREA

03/29/2006

Electronic Signature of Signing Officer or Director

Date