

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001950

FILED  
Feb 13, 2009  
Secretary of State

Entity Name: HERNANDO COUNTY KENNEL CLUB, INC.

**Current Principal Place of Business:**

14113 ANDREW SCOTT RD.  
SPRING HILL, FL 34609 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 15311  
BROOKSVILLE, FL 34604 US

**New Mailing Address:**

FEI Number: 59-3323168      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KEOHANE, PATRICIA  
14113 ANDREW SCOTT RD  
SPRING HILL, FL 34609 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: P ( ) Delete  
Name: STILLWAGGON, ROBERT  
Address: PO BOX 773298  
City-St-Zip: Ocala, FL 34477 US

Title: T ( ) Delete  
Name: HARING, MARY ANN  
Address: 8064 SCENIC PINE CT  
City-St-Zip: SPRING HILL, FL 34606 US

Title: S ( ) Delete  
Name: KEOHANE, PAT  
Address: 14113 ANDREW SCOTT RD  
City-St-Zip: SPRING HILL, FL 34609 US

Title: D ( ) Delete  
Name: CHOFFY, CATHY  
Address: 18703 DRAYTON ST  
City-St-Zip: SPRING HILL, FL 34610 US

Title: D ( ) Delete  
Name: LEACH, PAT  
Address: 8424 SW 60TH AVE.  
City-St-Zip: BUSHNELL, FL 33513 US

Title: VP ( ) Delete  
Name: COLARTE, LINDA  
Address: 11461 MARIPOE RD.  
City-St-Zip: BROOKSVILLE, FL 34614 US

**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 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: MARY ANN HARING

T

02/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date