

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90070 039 ****61.25

DOCUMENT # N01000001438

1. Entity Name

SAMOYED FANCIERS OF CENTRAL FLORIDA, INC.



Principal Place of Business

1820 LAKESIDE DR.
TITUSVILLE FL 32780

Mailing Address

1820 LAKESIDE DR.
TITUSVILLE FL 32780

50018013



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

1934 WELCOME RD

Suite, Apt. #, etc.

3. Mailing Address

PO Box 466

Suite, Apt. #, etc.

City & State

LITHIA, FL

City & State

LITHIA, FL

4. FEI Number

59-3702990

Applied For

Not Applicable

Zip

33547

Country

USA

Zip

33547

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MILLER, RICHARD
1820 LAKESIDE DR.
TITUSVILLE FL 32780**

7. Name and Address of New Registered Agent

Name

KARYN K. KRAMER

Street Address (P.O. Box Number is Not Acceptable)

1934 WELCOME RD.

City

LITHIA

FL

Zip Code

33547

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

KARYN K KRAMER, CORR. SECT'Y

Karyn K Kramer

2/16/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THOMPSON, LOUIS P.O. BOX 850 FAIRFIELD FL 32634	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SEGRS, CARLA 2403 COLLEGE HILL DR. BRANDON FL 33511	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BOWIE, PAULA 6092 LAPINE RD. BROOKSVILLE FL 34602	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MILLER, RICHARD 1820 LAKESIDE DR. TITUSVILLE FL 32780	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ST. JOHN, JEANNE 19508 HIAWATHA RD. ODESSA FL 33558	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDUGALL, BILL 11005 NEST COURT ODESSA FL 33556	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NANCY KRAUS 4074 BENCHMARK TRAIL SPRING HILL, FL 34604	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANICE MCGLAISHON 777 BEAR CREEK CIRCLE WINTER SPRINGS, FL 32708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MILLER, RICHARD 1820 LAKESIDE DR. TITUSVILLE FL 32780	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDUGALL, BILL 11005 NEST COURT ODESSA FL 33556	<input type="checkbox"/> Change <input 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:

Karyn K Kramer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/05

(813) 737-4401

Date

Daytime Phone #