

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90079 037 ****61.25

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1. Entity Name

SAMOYED FANCIERS OF CENTRAL FLORIDA, INC.



Principal Place of Business

**1934 WELCOME RD
LITHIA FL 33547**

Mailing Address

**PO BOX 466
LITHIA FL 33547**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3702990

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KRAMER, KARYN K
1934 WELCOME RD.
LITHIA FL 33547**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 2006**

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 **DP** ☐ Delete
NAME **THOMPSON, LOUIS**
STREET ADDRESS **P.O. BOX 850**
CITY-ST-ZIP **FAIRFIELD FL 32634**

TITLE **DV** ☒ Delete
NAME **SEGGERS, CARLA**
STREET ADDRESS **2403 COLLEGE HILL DR.**
CITY-ST-ZIP **BRANDON FL 33511**

TITLE **DS** ☒ Delete
NAME **BOWIE, PAULA**
STREET ADDRESS **6092 LAPINE RD.**
CITY-ST-ZIP **BROOKSVILLE FL 34602**

TITLE **DS** ☐ Delete
NAME **KRAMER, KARYN K**
STREET ADDRESS **PO BOX 466**
CITY-ST-ZIP **LITHIA FL 33547**

TITLE **DT** ☐ Delete
NAME **ST. JOHN, JEANNE**
STREET ADDRESS **19508 HIAWATHA RD.**
CITY-ST-ZIP **ODESSA FL 33558**

TITLE **D** ☒ Delete
NAME **MCDUGALL, BILL**
STREET ADDRESS **11005 NEST COURT**
CITY-ST-ZIP **ODESSA FL 33556**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Change ☐ Addition
NAME **ST JOHN, JEANNE**
STREET ADDRESS **19508 HIAWATHA RD.**
CITY-ST-ZIP **ODESSA, FL 33558**

TITLE **DV** ☐ Change ☒ Addition
NAME **SEGGERS, LAURA**
STREET ADDRESS **2403 COLLEGE HILL DR.**
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE **DS** ☐ Change ☒ Addition
NAME **WYATT, GEORGANN**
STREET ADDRESS **8205 PLEASANT LANE**
CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☐ Change ☒ Addition
NAME **WEST, CHERYL**
STREET ADDRESS **328 BRIOLE PATH**
CITY-ST-ZIP **CASSELBERRY, FL 32707**

TITLE **D** ☒ Change ☐ Addition
NAME **THOMPSON, LOUIS**
STREET ADDRESS **PO BOX 850**
CITY-ST-ZIP **FAIRFIELD, FL 32634**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 (KARYN K. KRAMER)

813-737-4401