

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90298 012 \*\*\*\*61.25

<b>DOCUMENT # N04000008352</b> 1. Entity Name <b>PALM BAY AGILITY CLUB INC.</b>					
Principal Place of Business <b>1920 MICHELS DRIVE NORTHEAST PALM BAY, FL 32905-3904</b>			Mailing Address <b>1920 MICHELS DRIVE NORTHEAST PALM BAY, FL 32905-3904</b>		
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 <b>59-3629369</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SPIEGEL &amp; UTRERA, P.A.</b> <b>1840 SW 22ND ST.</b> <b>4TH FLOOR</b> <b>MIAMI, FL 33145</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CURTIN, KEVIN</b>		NAME		
STREET ADDRESS	<b>1920 MICHELS DRIVE NORTHEAST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PALM BAY, FL 329053904</b>		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>COURTNEY, JOHN</b>		NAME		
STREET ADDRESS	<b>1920 MICHELS DRIVE NORTHEAST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PALM BAY, FL 329053904</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WILLIAMS, ANN</b>		NAME		
STREET ADDRESS	<b>1920 MICHELS DRIVE NORTHEAST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PALM BAY, FL 329053904</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DAVIS, CAROLE B</b>		NAME		
STREET ADDRESS	<b>1920 MICHELS DRIVE NORTHEAST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PALM BAY, FL 329053904</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KELLY, DON</b>		NAME		
STREET ADDRESS	<b>1920 MICHELS DRIVE NORTHEAST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PALM BAY, FL 329053904</b>		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>VIRGINIA, COURTNEY</b>		NAME		
STREET ADDRESS	<b>1920 MICHELS DR NE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PALM BAY, FL 329053904</b>		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <u>Virginia Courtney</u> <u>Virginia Courtney</u> <u>10 Apr 06</u> <u>221-724-1904</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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