

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2006 8:00 am**  
**Secretary of State**

09-06-2006 90038 039 \*\*\*\*70.00

**DOCUMENT # 765976**

1. Entity Name  
**SOUTHEASTERN GUIDE DOGS, INC.**



Principal Place of Business  
**4210 77TH STREET, EAST  
PALMETTO, FL 34221**

Mailing Address  
**4210 77TH STREET, EAST  
PALMETTO, FL 34221**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08212006

Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-2252352**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WALTERS, CLIFFORD L  
BLALOCK, LANDERS, ET AL, P.A.  
802 11TH ST. WEST  
BRADENTON, FL 34205**

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

**Filing Fee is \$61.25  
Due by September 6, 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 **SD** ☒ Delete  
NAME **SHERMAN, ROBERT**  
STREET ADDRESS **114 30TH ST. W.**  
CITY-ST-ZIP **BRADENTON, FL 34205**

TITLE **TD** ☐ Delete  
NAME **MOYLE, WILLIAM**  
STREET ADDRESS **2206 RAMSGATE CT.**  
CITY-ST-ZIP **SAFETY HARBOR, FL 34695**

TITLE **PD** ☒ Delete  
NAME **COWAN, PATRICIA**  
STREET ADDRESS **6145 55TH AVE CIR E**  
CITY-ST-ZIP **BRADENTON, FL 34203**

TITLE **VD** ☒ Delete  
NAME **NEWMAN, ROBERT C**  
STREET ADDRESS **P.O. BOX 2030**  
CITY-ST-ZIP **TAMPA, FL 33601**

TITLE **ED** ☒ Delete  
NAME **DEBUSK, ROBERT E**  
STREET ADDRESS **4210 77TH ST E**  
CITY-ST-ZIP **PALMETTO, FL 34221**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Change ☒ Addition  
NAME **Charles Samen**  
STREET ADDRESS **150 Old Nichols Circle**  
CITY-ST-ZIP **Auburndale, FL 33823**

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

TITLE **PD** ☐ Change ☒ Addition  
NAME **Ann-Margaret Perkins**  
STREET ADDRESS **515 Newman St.**  
CITY-ST-ZIP **Carrollton GA 30117**

TITLE **VD** ☐ Change ☒ Addition  
NAME **Debbie Grubb**  
STREET ADDRESS **4215 55th Ave Circle W.**  
CITY-ST-ZIP **Bradenton, FL 34205-1418**

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**8-30-2006 770-834-2083**