

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90042 001 ****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**

50000983



03062008 Chg-NP CR2E037 (12/06)

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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	<input type="checkbox"/> Delete
NAME	ST JOHN, JEANNE	
STREET ADDRESS	19508 HIAWATHA RD	
CITY-ST-ZIP	LUTZ, FL 33558	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	SEGGERS, LAURA	
STREET ADDRESS	2403 COLLEGE HILL DR	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	WYATT, GEORGANN	
STREET ADDRESS	8205 PLEASANT LANE	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE	DS	<input type="checkbox"/> Delete
NAME	KRAMER, KARYN K	
STREET ADDRESS	PO BOX 466	
CITY-ST-ZIP	LITHIA, FL 33547	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WEST, CHERYL	
STREET ADDRESS	328 BRIOLE PATH	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAURA SEGERS	
STREET ADDRESS	2403 COLLEGE HILL DR	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHANIE SAGAN	
STREET ADDRESS	504 FAIRVIEW RD.	
CITY-ST-ZIP	BELLEAIR, FL 33756	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Karyn K. Kramer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/08 813-737-4401