

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001950

FILED
Apr 29, 2008
Secretary of State

Entity Name: HERNANDO COUNTY KENNEL CLUB, INC.

Current Principal Place of Business:

14113 ANDREW SCOTT RD.
SPRING HILL, FL 34609 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15311
SPRING HILL, FL 34604 US

New Mailing Address:

P.O. BOX 15311
BROOKSVILLE, FL 34604 US

FEI Number: 59-3323168

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEOHANE, PATRICIA
14113 ANDREW SCOTT RD
SPRING HILL, FL 34609 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STILLWAGGON, ROBERT
Address: PO BOX 773298
City-St-Zip: OCALA, FL 34477 US

Title: VP () Delete
Name: HARING, MARY ANN
Address: 8064 SCENIC PINE CT
City-St-Zip: SPRING HILL, FL 34606 US

Title: S () Delete
Name: KEOHANE, PAT
Address: 14113 ANDREW SCOTT RD
City-St-Zip: SPRING HILL, FL 34609 US

Title: D () Delete
Name: CHOFFY, CATHY
Address: 18703 DRAYTON ST
City-St-Zip: SPRING HILL, FL 34610 US

Title: T () Delete
Name: BATHAUER, SUE
Address: 25442 POWELL RD
City-St-Zip: BROOKSVILLE, FL 34602 US

Title: VP () Delete
Name: COLARTE, LINDA
Address: 11461 MARIPOE RD.
City-St-Zip: BROOKSVILLE, FL 34614 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: HARING, MARY ANN
Address: 8064 SCENIC PINE CT
City-St-Zip: SPRING HILL, FL 34606 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LEACH, PAT
Address: 8424 SW 60TH AVE.
City-St-Zip: BUSHNELL, FL 33513 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT STILLWAGGON

P

04/29/2008

Electronic Signature of Signing Officer or Director

Date