2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# N01000001438

Entity Name: SAMOYED FANCIERS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

1934 WELCOME RD
LITHIA, FL 33547

New Principal Place of Business:

Current Mailing Address:

PO BOX 466
LITHIA, FL 33547

New Mailing Address:

FEI Number: 59-3702990 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRAMER, KARYN K
1934 WELCOME RD
LITHIA, FL 33547 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: DP ( ) Delete
Name: ST JOHN, JEANNE
Address: 19508 HIAWATHA RD
City-St-Zip: LUTZ, FL 33558

Title: DV ( ) Delete
Name: SEGERS, LAURA
Address: 2403 COLLEGE HILL DR
City-St-Zip: BRANDON, FL 33511

Title: DS ( ) Delete
Name: SAGAN, STEPHANIE
Address: 504 FAIRVIEW RD
City-St-Zip: CLEARWATER, FL 33756

Title: DS ( ) Delete
Name: KRAMER, KARYN K
Address: PO BOX 466
City-St-Zip: LITHIA, FL 33547

Title: DT ( ) Delete
Name: WEST, CHERYL
Address: 328 BRIOLE PATH
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: MCGLASHON, JANICE
Address: 777 BEAR CREEK CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

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

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

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

Title: DT (X) Change ( ) Addition
Name: WEST, CHERYL
Address: 328 BRIDLE PATH
City-St-Zip: CASSELBERRY, FL 32707

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: KARYN K KRAMER DS 02/16/2009

Electronic Signature of Signing Officer or Director — Date