

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701473

FILED
Feb 22, 2009
Secretary of State

Entity Name: DOG TRAINING CLUB OF ST PETERSBURG INC

Current Principal Place of Business:

C/O STAPLETON & SMITH, P.A.
6600 34 AVE. NO.
ST. PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

C/O STAPLETON & SMITH, P.A.
6600 34 AVE. NO.
ST. PETERSBURG, FL 33710

New Mailing Address:

FEI Number: 23-7099551

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, TED
C/O STAPLETON & SMITH, P.A.
6600 34 AVE. NO.
ST. PETERSBURG, FL 33710 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: VP () Delete
Name: HARRELL, GAIL
Address: 4706 OHIO AVE
City-St-Zip: TAMPA, FL 33616

Title: P () Delete
Name: WALKER, VIRGINIA
Address: 4690 36TH AVENUE N
City-St-Zip: ST. PETERSBURG, FL 33713

Title: VP () Delete
Name: ROHR, JUDY
Address: 5662 63RD WAY NORTH
City-St-Zip: ST. PETERSBURG, FL 33709

Title: S () Delete
Name: WAGNER, DOREEN
Address: 509 MORENO CIRCLE NE
City-St-Zip: ST. PETERSBURG, FL 33703

Title: T () Delete
Name: REED, LORRIE
Address: P.O. BOX 569
City-St-Zip: ST. PETERSBURG, FL 33731

Title: D () Delete
Name: COLEMAN, LONI
Address: 1425 DEXTER DR
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LORRIE REED

T

02/22/2009

Electronic Signature of Signing Officer or Director

Date