2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N00000006121

Entity Name: DOG AGILITY COMPETITION OF FLORIDA, INC.

Current Principal Place of Business:

7811 - 47TH ST N
PINELLAS PARK, FL 33781

New Principal Place of Business:

Current Mailing Address:

7811 - 47TH ST N
PINELLAS PARK, FL 33781

New Mailing Address:

FEI Number: 59-3709722 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KILLEEN, JOANNE F
7811 - 47TH ST N
PINELLAS PARK, FL 33781 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: MACBROOM, CLIFF
Address: 11200 ORANGE DRIVE
City-St-Zip: DAVIE, FL 33330

Title: BD ( ) Delete
Name: KILLEEN, JOANNE
Address: 7811 - 47TH ST N
City-St-Zip: PINELLAS PARK, FL 33781

Title: SD ( ) Delete
Name: MANN, PATRICIA
Address: 2236 NOTTINGHAM ROAD
City-St-Zip: LAKELAND, FL 33803

Title: T ( ) Delete
Name: MACVICAR, VICTORIA
Address: 15648 MAHONEY DRIVE
City-St-Zip: SPRING HILL, FL 34610

Title: VP ( ) Delete
Name: HAYES, KELLI
Address: 3137 DIANA DR
City-St-Zip: ZEPHYRHILLS, FL 33541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MACBROOM, CLIFF
Address: 11200 ORANGE DRIVE
City-St-Zip: DAVIE, FL 33330

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

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

Title: TD (X) Change ( ) Addition
Name: MACVICAR, VICTORIA
Address: 15648 MAHONEY DRIVE
City-St-Zip: SPRING HILL, FL 34610

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: VICTORIA MACVICAR TD 04/13/2009

Electronic Signature of Signing Officer or Director — Date