

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719678

Entity Name: NORTH FLORIDA AMATEUR RETRIEVER CLUB, INC.**Current Principal Place of Business:**5400 VETERANS MEMORIAL DRIVE
TALLAHASSEE, FL 32309**Current Mailing Address:**5400 VETERANS MEMORIAL DRIVE
TALLAHASSEE, FL 32309**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOHNSON, RICHARD H
5400 VETERANS MEMORIAL DRIVE
TALLAHASSEE, FL 32309 US*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**Officer/Director Detail :**

Title	P
Name	JOHNSON, RICHARD H
Address	5400 VETERANS MEMORIAL DRIVE
City-State-Zip:	TALLAHASSEE FL 32309

Title	S
Name	PETERS, MIKE
Address	6320 COUNT FLEET TRAIL
City-State-Zip:	TALLAHASSEE FL 32309

Title	D
Name	DUNCAN, WILTON JR
Address	3421 VALLEY CREEK DRIVE
City-State-Zip:	TALLAHASSEE FL 32312

Title	VP
Name	TALLEY, JEFFERY J
Address	6024 LEIGH READ RD
City-State-Zip:	TALLAHASSEE FL 32309

Title	T
Name	MARKS, VALARIE
Address	6383 PISGAH CHURCH ROAD
City-State-Zip:	TALLAHASSEE FL 32309

Title	D
Name	ERICKSON, DONALD DR.
Address	2077 OX BOTTOM ROAD
City-State-Zip:	TALLAHASSEE FL 32312

I hereby 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 all other like empowered.

SIGNATURE: VALARIE MARKS

T

03/27/2015

Electronic Signature of Signing Officer/Director Detail_____
Date