

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730711

**Entity Name:** WEST VOLUSIA KENNEL CLUB, INC.

**Current Principal Place of Business:**

765 CASSADAGA RD  
CASSADAGA, FL 32744

**Current Mailing Address:**

P.O. BOX 1723  
DELAND, FL 32724 US

**FEI Number:** 59-1676018

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DRIGGERS, CATHY  
765 CASSADAGA RD  
LAKE HELEN, FL 32744 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:** CATHY DRIGGERS

01/11/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DRIGGERS, CATHY  
Address        765 CASSADAGE RD  
City-State-Zip: CASSADAGA FL 32744

Title            DIRECTOR  
Name            SHEPHARD, SUSAN  
Address        938 FEATHER DRIVE  
City-State-Zip: DELTONA FL 32725

Title            DIRECTOR  
Name            FOSTER, BAIN  
Address        PO BOX 408  
City-State-Zip: ASTOR FL 32102

Title            TREASURER  
Name            POUNDS, DEE  
Address        2931 NORVELL CT  
City-State-Zip: DELTONA FL 32738

Title            SECRETARY  
Name            MERCHANT, GINNY  
Address        38741 ILEX TRAIL  
City-State-Zip: EUSTIS FL 32736

Title            VP  
Name            WAGNER, TERRY  
Address        2281 ALTON RD  
City-State-Zip: DELTONA FL 32738

Title            DIRECTOR  
Name            CLANCY, DEBORAH  
Address        718 STETSON ST  
City-State-Zip: ORLANDO FL 32804

Title            DIRECTOR  
Name            VICS, BEVERLY  
Address        3709 ARLINGTON RIDGE BLVD  
City-State-Zip: LEESBURG FL 34748

*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:** CATHY DRIGGERS

PRES

01/11/2022

Electronic Signature of Signing Officer/Director Detail

Date