

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730711

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

**Current Principal Place of Business:**

230 N STONE STREET  
DELAND, FL 32724

**FILED**  
**Feb 01, 2016**  
**Secretary of State**  
**CC3860563154**

**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:**

ALLYN, WEIGEL  
986 ISLAND GROVE DR.  
DELAND, FL 32724 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            PRESIDENT  
Name            DRIGGERS, CATHY  
Address        765 CASSADAGE RD  
City-State-Zip: LAKE HELEN FL 32744

Title            VP  
Name            CLOUDMAN, MEGAN  
Address        312 N KANSAS AVE  
City-State-Zip: DELAND FL 32724

Title            SECRETARY  
Name            WORTHINGTON, JANE  
Address        13 SUNSHINE BLVD  
City-State-Zip: DELAND FL 32724

Title            DIRECTOR  
Name            BLACK, GRACE  
Address        PO BOX 2118  
City-State-Zip: BUNNELL FL 32110

Title            DIRECTOR  
Name            OWEN, MELISSA  
Address        PO BOX 1723  
City-State-Zip: DELAND FL 32724

Title            DIRECTOR  
Name            JACKSON, JIM  
Address        1521 ROBINWOOD DRIVE  
City-State-Zip: DELAND FL 32720

Title            DIRECTOR  
Name            ROBERTS, WENDY  
Address        PO BOX 1425  
City-State-Zip: DELEON SPRINGS FL 32130

Title            DIRECTOR  
Name            PARR, GALE  
Address        2992 ANEZ WAY  
City-State-Zip: DEBARY FL 32713

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*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**

**PRESIDENT**

**02/01/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title           TREASURER  
Name           SMITH, CATHY  
Address        211 RUTH BLVD  
City-State-Zip: LONGWOOD FL 32750