

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730711

Entity Name: WEST VOLUSIA KENNEL CLUB, INC.

Current Principal Place of Business:

751 S ALABAMA AVE
DELAND, FL 32724

FILED
Jan 08, 2014
Secretary of State
CC2802560532

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 TREASURER
Name DRIGGERS, CATHY
Address 765 CASSADAGE RD
City-State-Zip: LAKE HELEN FL 32744

Title P, PRESIDENT
Name PATTERSON, RICHARD
Address 405 W HIGHBANKS RD
City-State-Zip: DEBARY FL 32713

Title DIRECTOR
Name MCCORMICK, GINGER
Address 228 E NEW YORK AVE STE B
City-State-Zip: DELAND FL 32724

Title VP
Name WEIGEL, ALLYN
Address 986 ISLAND GROVE DR
City-State-Zip: DELAND FL 32724

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

Title DIRECTOR
Name BRADOW, SARA
Address 1902 E. BARLINGTON DRIVE
City-State-Zip: DELTONA FL 32725

Title DIRECTOR
Name CANEVARO, DEBORAH
Address 511 W. LANSDOWNE AVE
City-State-Zip: ORANGE CITY FL 32763

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

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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: GINGER B. MCCORMICK

DIRECTOR

01/08/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LEVY, MYRNA
Address 933 MENTMORE CIR
City-State-Zip: DELTONA FL 32738

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