

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 734078

**Entity Name:** K-9 OBEDIENCE CLUB OF JACKSONVILLE, INC.**Current Principal Place of Business:**2638 POWERS AVE  
JACKSONVILLE, FL 32207**Current Mailing Address:**2638 POWERS AVE  
JACKSONVILLE, FL 32207 US**FEI Number:** 59-2090317**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOLLIDAY, MARLA  
12328 LEAFY TREE LN  
JACKSONVILLE, FL 32258 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:** MARLA HOLLIDAY

04/09/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title OFFICER  
Name NELSON, ALISON  
Address 1808 FALBRIDGE LANE  
City-State-Zip: PONTE VEDRA FL 32081

Title 2ND VP  
Name WILEY, TOM  
Address 2829 FISHER CIRCLE  
City-State-Zip: MIDDLEBURG FL 32068

Title TREASURER  
Name HOLLIDAY, MARLA  
Address 12328 LEAFY TREE LN  
City-State-Zip: JACKSONVILLE FL 32258

Title OFFICER  
Name TORRE, CINDY  
Address 3801 CROWN POINT RD  
UNIT 1272  
City-State-Zip: JACKSONVILLE FL 32257

Title OFFICER  
Name FORD, VICTORIA  
Address 4303 FOREST PARK RD  
City-State-Zip: JACKSONVILLE FL 32210

Title 1ST VICE PRESIDENT  
Name RUSKUSKI, VIRGINIA  
Address 5030 AZURE ST  
City-State-Zip: JACKSONVILLE FL 32258

Title PRESIDENT  
Name WHALEN, COLLEEN  
Address 5557 BISHOP LN  
City-State-Zip: JACKSONVILLE FL 32207

Title SECRETARY  
Name RAIFORD, BETSY  
Address 1347 MORIER ST  
City-State-Zip: JACKSONVILLE FL 32207

**Continues on page 2**

*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:** MARLA S HOLLIDAY

TREASURER

04/09/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	CORRESPONDING SECRETARY
Name	GORMAN, JENNIFER
Address	328 LAUDEN CT
City-State-Zip:	PONTE VEDRA BEACH FL 32082