

2013 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:**6642 WELLINGTON PL LANE
JACKSONVILLE, FL 32216**FEI Number:** 59-2090317**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BILLINGE, LAURIE PRES
6642 WELLINGTON PL LANE
JACKSONVILLE, FL 32216 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	PD
Name	BILLINGE, LAURIE
Address	6642 WELLINGTON PL. LN.
City-State-Zip:	JACKSONVILLE FL 32216

Title	VD
Name	WERNERT, JOHN
Address	1754 WATERBURY LANE
City-State-Zip:	FLEMMING ISLAND FL 32006

Title	VD
Name	STEVENS, KENNETH
Address	6769 LAURINA PLACE
City-State-Zip:	JACKSONVILLE FL 32216

Title	TD
Name	BERRY, ELLEN
Address	7915 FRESCA ST
City-State-Zip:	JACKSONVILLE FL 32217

Title	SEC
Name	ELROD, BARBARA
Address	3608 POST ST #1
City-State-Zip:	JACKSONVILLE FL 32205

Title	S
Name	LENTZ, ANN
Address	2220 SARAGOSSA AVE
City-State-Zip:	JACKSONVILLE FL 32217

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: LAURIE A BILLINGE**PRESIDENT****01/24/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date