

**2015 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:**GARD, ANITA  
3154 LAUREL GROVE SOUTH  
JACKSONVILLE, FL 32223 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:** ANITA GARD

01/13/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            VP  
Name            MARNIE, WHITE  
Address        12328 LEAFY TREE LANE  
City-State-Zip: JACKSONVILLE FL 32258

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

Title            TREASURER  
Name            GARD, ANITA  
Address        3154 LAUREL GROVE SOUTH  
City-State-Zip: JACKSONVILLE FL 32223

Title            SECRETARY  
Name            BRADLEY, EMILY  
Address        3591 KERNAN BLVD  
                 #611  
City-State-Zip: JACKSONVILLE FL 32224

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

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

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

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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:** ANITA GARD**TREASURER**

01/13/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	OFFICER
Name	MARCIA, LADENDORFF
Address	4396 GRAN MEADOWS LN
City-State-Zip:	JACKSONVILLE FL 32258