

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001950

Entity Name: HERNANDO COUNTY KENNEL CLUB, INC.

Current Principal Place of Business:

25442 POWELL RD.
BROOKSVILLE, FL 34602

Current Mailing Address:

P.O. BOX 15311
BROOKSVILLE, FL 34604 US

FEI Number: 59-3323168

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BATHAUER, SUE
25442 POWELL RD.
BROOKSVILLE, FL 34602 US

FILED
Apr 12, 2021
Secretary of State
0443543057CC

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: SUE BATHAUER

04/12/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name BATHAUER, SUE
Address 25442 POWELL RD.
City-State-Zip: BROOKSVILLE FL 34602

Title PRESIDENT
Name TREMBLAY, LISA
Address 17038 BUDOWSKI RD.
City-State-Zip: BROOKSVILLE FL 34614

Title DIRECTOR
Name TREMBLAY, CLAUDIA
Address 17032 BUDOWSKI RD.
City-State-Zip: BROOKSVILLE FL 34614

Title DIRECTOR
Name CHOFFY, CATHY
Address 10713 WHITEHURST RD..
City-State-Zip: WEEKI WACHEE FL 34613

Title DIRECTOR
Name ROCCO, DEBORAH
Address 6408 PINEHURST DR.
City-State-Zip: SPRING HILL FL 34606

Title DIRECTOR
Name BENNETT, JOHN
Address 11177 DOE HAVEN RD.
City-State-Zip: BROOKSVILLE FL 34601

Title VP
Name BUFFA, LINDA
Address 29213 SADDLE OAKS LANE
City-State-Zip: BROOKSVILLE FL 34602

Title SECRETARY
Name NORTON, KIMBERLY
Address 14339 SCRUB OAK LANE
City-State-Zip: BROOKSVILLE FL 34613

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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: SUE BATHAUER

TREASURER

04/12/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ANTONISHAK, CINDY
Address 11076 FULTON AVENUE
City-State-Zip: WEEKI WACHEE FL 34613