

**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*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 |