

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001950

Entity Name: HERNANDO COUNTY KENNEL CLUB, INC.**Current Principal Place of Business:**14113 ANDREW SCOTT RD.
SPRING HILL, FL 34609**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:**KEOHANE, PATRICIA
14113 ANDREW SCOTT RD
SPRING HILL, FL 34609 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 PRESIDENT
Name AMUNDSEN, CAROLE
Address 6411 PINEHURST DR.
City-State-Zip: SPRING HILL FL 34606

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

Title SECRETARY
Name KEOHANE, PATRICIA
Address 14113 ANDREW SCOTT RD
City-State-Zip: SPRING HILL FL 34609

Title VP
Name STANTS, HEATHER
Address 5764 S. GARFIELD WAY
City-State-Zip: HOMOSASSA FL 34448

Title DIRECTOR
Name BURR, DORIS
Address 2302 WHITEWOOD AVE
City-State-Zip: SPRING HILL FL 34609

Title DIRECTOR
Name INGHER, HELEN
Address 13009 MANISTEE RD.
City-State-Zip: WEEKI WACHEE FL 34614

Title DIRECTOR
Name O'BRIEN, DAWN
Address 14243 MISSOURI SKYLARK RD.
City-State-Zip: WEEKI WACHEE FL 34614

Title DIRECTOR
Name COOK, BRUCE
Address 23012 TANKERSLEY RD.
City-State-Zip: BROOKSVILLE FL 34601

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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****04/11/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	STEINMETZ, CHERYL
Address	25064 RATTLER LN.
City-State-Zip:	BROOKSVILLE FL 34601