

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006044

FILED
Apr 13, 2018
Secretary of State
CC6791350460

Entity Name: CANE CORSO ASSOCIATION OF AMERICA INC.

Current Principal Place of Business:

6 CELESTIAL WAY
NEWBURGH, NY 12550

Current Mailing Address:

6 CELESTIAL WAY
NEWBURGH, NY 12550 US

FEI Number: 43-2092466

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAMPBELL, STEEL
6103 KURT STREET
BROOKSVILLE, FL 34604 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: STEEL CAMPBELL

04/13/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CAMPBELL, STEEL
Address 6103 KURT STREET
City-State-Zip: BROOKSVILLE FL 34604

Title SECRETARY
Name PEPE, KATHERINE
Address 6 CELESTIAL WAY
City-State-Zip: NEWBURGH NY 12550

Title DIRECTOR
Name STANCHIO, JIMMY
Address 2330 CHASTAIN AVE
City-State-Zip: DELTONA FL 32738

Title DIRECTOR
Name DEVITA, ZOE
Address 26 SYLVIA WAY
City-State-Zip: PURDYS NY 10578

Title VP
Name HOSER, RON
Address 106 GERBER LANE
City-State-Zip: COATESVILLE PA 19320

Title TREASURER
Name WILDMOSER, ANNIE
Address 5074 MT HELENA AVE
City-State-Zip: LOS ANGELES CA 90041

Title DIRECTOR
Name ALEMAN, YVONNE
Address 6200 SW 185 WAY
City-State-Zip: SOUTHWEST RANCHES FL 33332

Title DIRECTOR
Name MEHAFFEY, JOHN
Address 822 HOPEWELL RD
City-State-Zip: MORGANTON NC 28655

Continues on page 2

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: YVONNE A ALEMAN

DIRECTOR

04/13/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SIMONSKI, REBECCA
Address 6222 AUTUMN VIEW PLACE
City-State-Zip: ACWORTH GA 30101

Title DIRECTOR
Name ZARO, PAULA
Address 8 WAPPING RD
City-State-Zip: KINGSTON MA 02364

Title DIRECTOR
Name RUDDEROW, STEPHANIE
Address 7328 BACK CREEK ROAD
City-State-Zip: BOONES MILL VA 24065

Title DIRECTOR
Name SIMPSON, STEPHANIE
Address 205 HAMILTON WAY
City-State-Zip: KINGSPORT TN 37663

Title DIRECTOR
Name ASTOR, ANDREW
Address 4616 PEPPER MILL ST
City-State-Zip: MOORPARK CA 93021