

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006044

FILED
Jan 22, 2016
Secretary of State
CC9208091908

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:

BUSINESS FILINGS INCORPORATED
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: MARK WILLIAMS

01/22/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name CAMPBELL, STEEL
Address 28987 OLD TRILBY ROAD
City-State-Zip: BROOKSVILLE FL 34602

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

Title VICE-PRESIDENT
Name MATSON, DEREK
Address 399 SOUTH DIAMOND MILL RD
City-State-Zip: NEW LEBANON OH 45345

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

Title DIRECTOR
Name DEMOSS, SHAUNA
Address 25026 T75 RD
City-State-Zip: CEDAR EDGE CO 81413

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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: KATHERINE PEPE

SECRETARY

01/22/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title DIRECTOR
Name RODRIGUEZ, ALEXIA
Address 1286 SEXTON RD
City-State-Zip: SEBASTAPOL CA 95472

Title DIRECTOR
Name WARD, BRIAN
Address 175 SHORTY BURGESS RD
City-State-Zip: PICAYUNE MS 39466