

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000006044

**FILED**  
**Jan 29, 2022**  
**Secretary of State**  
**8582104796CC**

**Entity Name:** CANE CORSO ASSOCIATION OF AMERICA INC.

**Current Principal Place of Business:**

2556 SW CALENDER STREET  
PORT SAINT LUCIE, FL 34953

**Current Mailing Address:**

2556 SW CALENDER STREET  
PORT SAINT LUCIE, FL 34953 US

**FEI Number:** 22-3875874

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SPEARS, KATHY  
2556 SW CALENDER STREET  
PORT SAINT LUCIE, FL 34953 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:** KATHY SPEARS

01/29/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            VP  
Name            SPEARS, KATHY  
Address        2556 SW CALENDER STREET  
City-State-Zip: PORT SAINT LUCIE FL 34953

Title            TREASURER  
Name            DURR, JEFFREY A  
Address        146 SAVAGE HILL RD  
City-State-Zip: CONCORD TWP ME 04920

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

Title            SECRETARY  
Name            WOLFE, ERYN  
Address        5417 HARRISBURG GEORGESVILLE  
RD  
City-State-Zip: GROVE CITY OH 43123

Title            DIRECTOR  
Name            BELMONT, YVES  
Address        907 EMORY ST  
PO BOX 340  
City-State-Zip: OXFORD GA 30054

Title            DIRECTOR  
Name            VENZEN, VICKIE  
Address        4302 SAINT CLAIR BRIDGE RD  
City-State-Zip: JARRETTSVILLE MD 21084

Title            DIRECTOR  
Name            JAMESON GALLIHER, ANNETTE  
Address        28015 SE HIGH POINT WAY  
City-State-Zip: ISSAQUAH WA 98027

**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:** JEFFREY ALAN DURR

**TREASURER**

01/29/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LIGON, MICHELLE  
Address 2050 LAKE DRIVE  
City-State-Zip: THOMSON GA 30824

Title DIRECTOR  
Name COMMET, RANEY  
Address 1371 E. SELAH RD.  
City-State-Zip: YAKIMA WA 98901

Title DIRECTOR  
Name DEMOSS, SHAUNA  
Address 20156 SURFACE CREEK RD  
City-State-Zip: CEEDEREDGE CO 81413

Title DIRECTOR  
Name SIX, CHRISTY  
Address 1077 HUDSON RD  
City-State-Zip: KENT OH 44240

Title DIRECTOR  
Name ANDERSON, NATIKA  
Address 15423 RIVER STONE DR  
City-State-Zip: PRAIRIEVILLE LA 70769