

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000006044

**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

04/09/2017

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

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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:** YVONNE ALEMAN

**DIRECTOR**

04/09/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name CLINE, RACHELLE  
Address 72 RUSSELLVILLE RD  
City-State-Zip: FRANKTOWN CO 80116

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

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