

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010563

Entity Name: GERMAN SHEPHERD RESUCE OF CENTRAL FLORIDA, INC.**Current Principal Place of Business:**3845 W. DELTONA BLVD.
CITRUS SPRINGS, FL 34433**Current Mailing Address:**3845 W. DELTONA BLVD.
CITRUS SPRINGS, FL 34433 US**FEI Number: 26-1566541****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**ALYSIA BREHMER
3539 SAILFISH AVE
FRUITLAND PARK, FL 34731 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	DP, PRESIDENT
Name	DAVIDSON, RAE
Address	3845 W. DELTONA BLVD.
City-State-Zip:	CITRUS SPRINGS FL 34433

Title	DS
Name	SACKETT, BARBARA
Address	802 BOYLE STREET
City-State-Zip:	LEESBURG FL 34748

Title	D
Name	AUGUSTINE, JOY
Address	PO BOX 3111
City-State-Zip:	NORTH FT MYERS FL 33918

Title	D
Name	MCKIBBEN, MARY E
Address	1920 ANDERSON LANE
City-State-Zip:	LADY LAKE FL 32159

Title	D
Name	CORTAZZO, ARNA
Address	4185 US HIGHWAY 1, STE 101
City-State-Zip:	ROCKLEDGE FL 32955

Title	D
Name	MCCULLOUGH, SHIRLEY E
Address	3106 ELDERWOOD PLACE
City-State-Zip:	SEFFNER FL 33584

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: RAE DAVIDSON**PRESIDENT****04/30/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date