

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000000683

**FILED**  
**Feb 20, 2014**  
**Secretary of State**  
**CC8051741535**

**Entity Name:** AUSTRALIAN SHEPHERD CLUB OF CENTRAL FLORIDA, INC

**Current Principal Place of Business:**

3045 RANCH PLACE BLVD  
ZEPHYRHILLS, FL 33541

**Current Mailing Address:**

3045 RANCH PLACE BLVD  
ZEPHYRHILLS, FL 33541 US

**FEI Number:** 46-1785737

**Certificate of Status Desired:** No

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

WATSON, NANCY J  
3045 RANCH PLACE BLVD  
ZEPHYRHILLS, FL 33541 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 P  
Name WATSON, NANCY J  
Address 3045 RANCH PLACE BLVD  
City-State-Zip: ZEPHYRHILLS FL 33541

Title T  
Name MAGAMOLL, MELANIE  
Address 3283 NE 106TH STREET  
City-State-Zip: ANTHONY FL 32617

Title VP  
Name KILLAM, DONNA  
Address 4028 WILLIAMS STREET  
City-State-Zip: FRUITLAND PARK FL 34731

Title S  
Name GUTNER, LINDSAY  
Address 6411 TWIN BRIDGES DRIVE  
City-State-Zip: ZEPHYRHILLS FL 33541

Title D  
Name ALLISON, BRENDA  
Address P.O. BOX 3334  
City-State-Zip: DUNNELLON FL 34430

*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: MELANIE MAGAMOLL**

**TREASURER**

**02/20/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date