

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000000683

Entity Name: AUSTRALIAN SHEPHERD CLUB OF CENTRAL FLORIDA, INC

Current Principal Place of Business:

2740 BRANDYBUCK TRAIL
JACKSONVILLE, FL 32223

Current Mailing Address:

2740 BRANDYBUCK TRAIL
JACKSONVILLE, FL 32223 US

FEI Number: 46-1785737

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SUMNER, EVANS
2740 BRANDYBUCK TRAIL
JACKSONVILLE, FL 32223 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: EVANS SUMNER

04/21/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name DE LA TORRE, CHARLES
Address 9121 94TH AVE NORTH
City-State-Zip: SEMINOLE FL 34990

Title TREASURER
Name SUMNER, EVANS
Address 2740 BRANDYBUCK TRAIL
City-State-Zip: JACKSONVILLE FL 32223

Title VP
Name SUMNER, KATHLEEN
Address 2740 BRANDYBUCK TRAIL
City-State-Zip: JACKSONVILLE FL 32223

Title SECRETARY
Name DE LA TORRE, LYNN
Address 9121 94TH AVE NORTH
City-State-Zip: SEMINOLE FL 34990

Title DIRECTOR
Name HORN, GREG
Address 6665 ANDERSON LAKE ROAD
City-State-Zip: DAWSONVILLE GA 30534

Title DIRECTOR
Name WINTERS, SUSAN
Address 18 RIPPLEWOOD LANE
City-State-Zip: PALM COAST FL 32164

Title DIRECTOR
Name BURTON, MELONIE
Address 2669 NW 55TH AVE
City-State-Zip: BELL FL 32619

Title DIRECTOR
Name PEAVEY, DEB
Address 9399 LAKE BLUFFUM ROAD
City-State-Zip: FORT MEADE FL 33841

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: EVANS SUMNER

TREASURER

04/21/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KINGSLEY, MORGAN
Address 9339 SE 159TH PL
City-State-Zip: SUMMERFIELD FL 34491