

2016 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, KATHLEEN W
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:** KATHLEEN W SUMNER

03/11/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title TREASURER
Name SIMONS, JANA
Address 13045 POINSETTIA AVENUE
City-State-Zip: SEMINOLE FL 33776

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

Title SECRETARY
Name WHITICAR, SUSAN L:
Address 18289 61ST ROAD
City-State-Zip: MCALPIN FL 32062

Title DIRECTOR
Name ELLIS, JOY
Address 11511 MATTIODA ROAD
City-State-Zip: GROVELAND FL 34736

Title DIRECTOR
Name LINDA, LAFRANCE
Address 16925 SE 165TH AVENUE
City-State-Zip: WEIRSDALE FL 32195

Title DIRECTOR
Name REBECCA, PUGH
Address 2675 ZUNI ROAD
City-State-Zip: ST. CLOUD FL 34771

Title DIRECTOR
Name LYNN, DE LA TORRE
Address 9121 94TH AVENUE NORTH
City-State-Zip: SEMINOLE FL 33777

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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: KATHLEEN SUMNER

PRESIDENT

03/11/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BILLY, RODRIGUEZ
Address	9167 ORCHARD WAY
City-State-Zip:	SPRING HILL FL 34608