

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000000683

Entity Name: AUSTRALIAN SHEPHERD CLUB OF CENTRAL FLORIDA, INC**Current Principal Place of Business:**13045 POINSETTIA AVENUE
SEMINOLE, FL 33776**Current Mailing Address:**13045 POINSETTIA AVENUE
SEMINOLE, FL 33776 US**FEI Number:** 46-1785737**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SIMONS, JANA E
13045 POINSETTIA AVENUE
SEMINOLE, FL 33776 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:** JANA E. SIMONS

03/07/2017

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 DE LA TORRE, CHARLES
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 PUGH, REBECCA
Address 2675 ZUNI ROAD
City-State-Zip: ST. CLOUD FL 34771

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

Title DIRECTOR
Name ORR, CHARLOTTE
Address 2480 SOUTHWEST COUNTY ROAD
City-State-Zip: ARCADIA FL 34266

Title DIRECTOR
Name GRINELS, LINDSEY
Address 1344 WILLOW WIND DRIVE
City-State-Zip: CLERMONT FL 34711

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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: JANA E. SIMONS**TREASURER**

03/07/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name STANKO, DOROTHEA
Address 1213 HOLLOW PINE DRIVE
City-State-Zip: OVIEDO FL 32765

Title DIRECTOR
Name CORTES, JOSE
Address 408 MARTIGUES DRIVE
City-State-Zip: POINCIANA FL 34759