

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000000683

**FILED**  
**Mar 07, 2017**  
**Secretary of State**  
**CC9889310029**

**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: ALCADIA FL 34266

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

**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:** 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