

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 129006

FILED
Apr 22, 2009
Secretary of State

Entity Name: JACKSONVILLE KENNEL CLUB, INC.

Current Principal Place of Business:

1440 N. MCDUFF AVE
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 959
ORANGE PARK, FL 320670959

New Mailing Address:

FEI Number: 59-0306410 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KORMAN, HOWARD I.
455 PARK AVENUE
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: AS () Delete
Name: KUHN, W. ROBERT JR.
Address: 13210 PECKY CYPRESS DRIVE
City-St-Zip: JACKSONVILLE, FL 32223

Title: ATD () Delete
Name: HOWELL, JOHN C
Address: 351 11TH STREET
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: TD () Delete
Name: BIDWILL, CHARLES W JR
Address: 22 REGENT WOOD
City-St-Zip: NORTHFIELD, IL 60093

Title: PD () Delete
Name: KORMAN, HOWARD I
Address: 455 PARK AVENUE
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: BURNETT, WILLIAM R
Address: 11760-A GLEN ROAD
City-St-Zip: POTOMAC, MD 208546321

Title: DCS () Delete
Name: PATTON, MARY CARR
Address: 455 PARK AVENUE
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. ROBERT KUHN, JR.

AS

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date