


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 701905</b> 1. Entity Name <b>TALLAHASSEE DOG OBEDIENCE CLUB, INC.</b>	
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Principal Place of Business <b>P.O. BOX 3622 TALLAHASSEE, FL 32303</b>	Mailing Address <b>P.O. BOX 3622 TALLAHASSEE, FL 32303</b>
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04032006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2634605</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MOLITARIS, DIANE 7262 KIDD DRIVE TALLAHASSEE, FL 32303</b>
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WAGNER-BOYETT, DARBY P O BOX 191 ATTAPULGUS, GA 39815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEROY, ROSIE 9544 BUCKHAVEN TRAIL TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO MOLITARIS, DIANE 7262 KIDD DRIVE TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, GAEA 2802 TERRY RD TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAINEY, LISA 1195 LANDINGS LOOP TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROSWELL, SUSAN 8136 COLDWATER CREEK COURT TALLAHASSEE, FL 32309

000000564587  
05/20/06-80079-008 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Diane Molitaris* Diane Molitaris 4/28/06 (850) 562-9391  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #