


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90143 031 ****61.25

DOCUMENT # 701905 1. Entity Name TALLAHASSEE DOG OBEDIENCE CLUB, INC.					
Principal Place of Business P.O. BOX 3622 TALLAHASSEE, FL 32303			Mailing Address P.O. BOX 3622 TALLAHASSEE, FL 32303		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip 		3. Mailing Address Suite, Apt. #, etc. City & State Zip 			
4. FEI Number 59-2634605			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MOLITARIS, DIANE 7262 KIDD DRIVE TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent Name Lynne Nappi Street Address (P.O. Box Number is Not Acceptable) 5735 Braveheart Way City Tallahassee FL Zip Code 32317		
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 <u><i>Lynne Nappi</i></u> Lynne Nappi <u>3/28/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WAGNER-BOYETT, DARBY P O BOX 191 ATTAPULGUS, GA 39815	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Rick Pepper 8433 Augustwood Lane Tallahassee, FL 32311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEROY, ROSIE 9544 BUCKHAVEN TRAIL TALLAHASSEE, FL 32312	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Brenda Zeh 1156 Green Hill Trace Tallahassee, FL 32317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOLITARIS, DIANE 7262 KIDD DRIVE TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Lynne Nappi 5735 Braveheart Way Tallahassee, FL 32317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, GAEA 2902 TERRY RD TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Dawn Lynch 6284 Crestwood Dr. Tallahassee, FL 32311	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAINEY, LISA 1195 LANDINGS LOOP TALLAHASSEE, FL 32311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Darby Wagner-Boyet PO Box 191 Attapulgus, GA 39815	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROSWELL, SUSAN 8136 COLDWATER CREEK COURT TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete	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: <u><i>Dawn Lynch</i></u> Dawn Lynch, Secretary <u>3-21-07</u> <u>850-245-4444</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # ext. 2270</small>					

40051120



03132007 Chg-NP CR2E037 (12/06)

ATTACHMENT
40051120
#701905

Additional Directors

D
Tod Knouff
P.O. Box 122
Midway, FL 32343

D
Destiny Martel
93 Wild Turkey Run Lane
Monticello, FL 32344

D
Diane Molitaris
7262 Kidd Drive
Tallahassee, FL 32303