



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90408 045 \*\*\*\*61.25

<b>DOCUMENT # 701905</b> 1. Entity Name <b>TALLAHASSEE DOG OBEDIENCE CLUB, INC.</b>					
Principal Place of Business <b>P.O. BOX 3622 TALLAHASSEE, FL 32303</b>			Mailing Address <b>P.O. BOX 3622 TALLAHASSEE, FL 32303</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		04102008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-2634605</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>NAPPI, LYNNE 5735 BRAVEHEART WAY TALLAHASSEE, FL 32317</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City			
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>M Lynne Nappi (M. Lynne Nappi)</u> DATE <u>4-23-2008</u> <small>Signature, typed or printed name of registered agent and agent applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>PEPPER, RICK</b> <input type="checkbox"/> Delete <b>8433 AUGUSTWOOD LANE</b> <b>TALLAHASSEE, FL 32311</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>ZEH, BRENDA</b> <input type="checkbox"/> Delete <b>1156 GREEN HILL TRACE</b> <b>TALLAHASSEE, FL 32317</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>MOLITARIS, DIANE</b> <input checked="" type="checkbox"/> Delete <b>7262 KIDD DRIVE</b> <b>TALLAHASSEE, FL 32303</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MITCHELL, GAEA</b> <input checked="" type="checkbox"/> Delete <b>2902 TERRY RD</b> <b>TALLAHASSEE, FL 32312</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>GAINES, LISA</b> <input checked="" type="checkbox"/> Delete <b>1195 LANDINGS LOOP</b> <b>TALLAHASSEE, FL 32311</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CROSWELL, SUSAN</b> <input type="checkbox"/> Delete <b>8136 COLDWATER CREEK COURT</b> <b>TALLAHASSEE, FL 32309</b>				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dillard, Linda <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>3518 Forest Oak Lane</b> <b>Tallahassee, FL 32308</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kelly, Catherine <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>2113 Lee Ave.</b> <b>Tallahassee, FL 32308</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Nappi, Lynne <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>5735 Braveheart Way</b> <b>Tallahassee, FL 32317</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wagner-Boyet, Darby <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>P.O. Box 191</b> <b>Attapulgus, GA 39815</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Lynch, Dawn <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>6284 Crestwood Dr.</b> <b>Tallahassee, FL 32311</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Martel, Destiny <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>93 Wild Turkey Run Road</b> <b>Monticello, FL 32344</b>				
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>Dawn Lynch</u> <span style="float: right;">4-18-2008 850-245-4444 ext. 2270</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					