

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704071

FILED  
Mar 02, 2009  
Secretary of State

Entity Name: MANATEE KENNEL CLUB, INC.

## Current Principal Place of Business:

1009 WOODVIEW WAY  
BRADENTON, FL 34212 US

## New Principal Place of Business:

17773 DEER PRAIRIE DR  
SARASOTA, FL 34240 US

## Current Mailing Address:

17773 DEER PRIARIE DR  
SARASOTA, FL 34240 US

## New Mailing Address:

FEI Number: 59-2457032      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TELFORD, LESLIE ESQUIRE  
2801 FRUITVILLE ROAD, STE. 290  
SARASOTA, FL 34237 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

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MYERS, LINDA  
Address: 1009 WOODVIEW WAY  
City-St-Zip: BRADENTON, FL 34212

Title: 2VP ( ) Delete  
Name: SMITH, BRIDGET  
Address: 3028 ROBERTS POINT RD  
City-St-Zip: SARASOTA, FL 34242

Title: 1VP ( ) Delete  
Name: DAN, DAHLBERG  
Address: 6741 W COUNTY CLUB LANE  
City-St-Zip: SARASOTA, FL 34243

Title: CS ( ) Delete  
Name: PARKER, KATHY  
Address: 915 26TH AVE W  
City-St-Zip: BRADENTON, FL 34208

Title: TD ( ) Delete  
Name: O'BRIAN, AMY  
Address: 17773 DEER PRIARIE DR  
City-St-Zip: SARASOTA, FL 34240

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY O'BRIAN

TD

03/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date