

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 704994**

1. Entity Name  
ORLANDO POODLE CLUB, INC.



Principal Place of Business  
7170 BRIDLE PATH  
ST CLOUD, FL 34771 US

Mailing Address  
7170 BRIDLE PATH  
ST CLOUD, FL 34771 US



02132007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
70-4994335

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ - \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MICHEL, CARL  
7170 BRIDLE PATH  
ST CLOUD, FL 34771

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	CONNIGHAM, WILLIAM
STREET ADDRESS	100 ELM ST
CITY-ST-ZIP	OVIDO, FL 32765
TITLE	VD
NAME	MICHEL, CARL
STREET ADDRESS	7170 BRIDLE PATH
CITY-ST-ZIP	ST CLOUD, FL 34771
TITLE	TD
NAME	MICHEL, SANDRA
STREET ADDRESS	7170 BRIDLE PATH
CITY-ST-ZIP	ST CLOUD, FL 34771
TITLE	SD
NAME	CAREIL, JOYCE
STREET ADDRESS	162 KENTUCKY BLUE CIR
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	D
NAME	RAYMOND, KIM
STREET ADDRESS	6325 DOE CIR EAST
CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	D
NAME	GIFFIN, JANE
STREET ADDRESS	1724 MURDOCK BLVD
CITY-ST-ZIP	ORLANDO, FL 32825

U00000654284  
03/13/07-80056-008 61.25

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IN THIS SPACE**

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:**

*Carl Michel* CARL MICHEL

2/27/07

407-898-3468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #