# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 23, 2007 8:00 am**
**Secretary of State**
04-23-2007 90102 015 ****61.25

DOCUMENT # 706761

1. Entity Name
UPPER SUNCOAST DOG OBEDIENCE CLUB INC

40076812

| Principal Place of Business | Mailing Address |
|---|---|
| 2101 LOGAN ST<br>CLEARWATER, FL 33765 US | 2101 LOGAN ST<br>CLEARWATER, FL 33765 US |

04182007 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-1740464 ☐ Applied For ☐ Not Applicable

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

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

POPLER, ALICE, SECRETARY
2101 LOGAN ST
CLEARWATER, FL 33765

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LINBLAD, KATHLEEN<br>490 PURPLE FINCH WAY<br>PALM HARBOR, FL 34683 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>KURT YOUNG<br>504 CORTEZ AVE<br>BELAIR BLUFFS FL 33770 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WEST, LISA<br>149 LAKESHORE DR N<br>PALM HARBOR, FL 34684 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>BEVERLEY SMITH<br>2849 CEDAR RUN CT.<br>CLEARWATER FL 33761 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CASSIDY, PETER<br>5726 13TH AVE S<br>GULFPORT, FL 33707 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>DAWN KENNEDY<br>7508 SENNER AVE<br>NEW PORT RICHEY FL 34655 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LOPEZ, LOU<br>1290 IDLEWILD DRIVE<br>CLEARWATER, FL 33755 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BETHANY CARVALLO<br>3562 SHORELINE CIR<br>PALM HARBOR FL 34684 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>WELLS, BETTY UMBERTO<br>11067 117TH LN N<br>LARGO, FL 33778 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MARGARET HODGES<br>1540 18TH ST N<br>PALM HARBOR FL 34683 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>MAURO, MICHELLE<br>4003 ARROYO LN<br>TAMPA, FL 33624 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JANIE GETZ<br>1520 SANTA ANNA DR<br>DUNEDIN FL 34698 | ☐ Change ☒ Addition |

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:** Dawn Kennedy 4/18/07 7272363694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #