

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90042 031 ****61.25

DOCUMENT # 712284

1. Entity Name

TREASURE COAST KENNEL CLUB, INC.



Principal Place of Business

Mailing Address

801 BAILEY DRIVE
SEBASTIAN FL 32958

801 BAILEY DRIVE
SEBASTIAN FL 32958



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

246 NE GRANDUER AVE 246 NE GRANDUER AVE,
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

City & State

Port St. Lucie FL Port St. Lucie, FL

4. FEI Number

59-6160637

Applied For

Not Applicable

Zip
34983

Country

St. Lucie

Zip

34983

Country

St Lucie

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SACCHETTI, CAROL
246 NE GRANDUER AVE
PORT SAINT LUCIE FL 34983

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

Carol Sacchetti

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: 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	P	<input type="checkbox"/> Delete
NAME	O'FERRELL, MATTIAS	
STREET ADDRESS	946 6TH LANE	
CITY - ST - ZIP	VERO BEACH FL 32958	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PRICE, PAM	
STREET ADDRESS	1740 26TH AVE	
CITY - ST - ZIP	VERO BEACH FL 32960	
TITLE	S	<input type="checkbox"/> Delete
NAME	MICHENER, BERNADETTE	
STREET ADDRESS	1166 NE 82ND AVE	
CITY - ST - ZIP	OKEECHOBEE FL 34974	
TITLE	R	<input type="checkbox"/> Delete
NAME	MICHENER, JOSEPH	
STREET ADDRESS	316 17TH AVE	
CITY - ST - ZIP	VERO BEACH FL 32962	
TITLE	T	<input type="checkbox"/> Delete
NAME	SACCHETTI, CAROL	
STREET ADDRESS	801 BAILEY DR - 246 NE GRANDUER AVE	
CITY - ST - ZIP	SEBASTIAN FL 32958 Port St. Lucie FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	D'FERRELL, MATTIAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	647-9th AVE	
STREET ADDRESS	(spelling)	
CITY - ST - ZIP	VERO BCH, FL 32962	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Carol Sacchetti

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-07 772-343-7082

Date

Daytime Phone #