


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # 712284	
1. Entity Name TREASURE COAST KENNEL CLUB, INC.	

Principal Place of Business 246 NE GRANDVER AVE PORT SAINT LUCIE FL 34983	Mailing Address 246 NE GRANDVER AVE PORT SAINT LUCIE FL 34983
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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

1st MOORE	CR2E037 (10/07)
4. FEI Number 59-6160637	Applied For No: Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SACCHETTI, CAROL 246 NE GRANDVER AVE PORT SAINT LUCIE FL 34983	
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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 _____	DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	P O'FARRELL, MATTIAS
STREET ADDRESS	647-9TH AVE
CITY- ST- ZIP	VERO BEACH FL 32958
TITLE	<input type="checkbox"/> Delete
NAME	VP PRICE, PAM
STREET ADDRESS	1740 26TH AVE
CITY- ST- ZIP	VERO BEACH FL 32960
TITLE	<input type="checkbox"/> Delete
NAME	S MICHENER, BERNADETTE
STREET ADDRESS	1166 NE 82ND AVE
CITY- ST- ZIP	OKEECHOBEE FL 34974
TITLE	<input type="checkbox"/> Delete
NAME	R MICHENER, JOSEPH
STREET ADDRESS	316 17TH AVE
CITY- ST- ZIP	VERO BEACH FL 32962
TITLE	<input type="checkbox"/> Delete
NAME	T SACCHETTI, CAROL
STREET ADDRESS	246 NE GRANDVER AVE
CITY- ST- ZIP	PORT SAINT LUCIE FL 34983
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000809179
STREET ADDRESS	02/08/08-80010-025 61.25
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	
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* **CAROL SACCHETTI, TREAS.** 172-343-7082 1-28-08