2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008
Secretary of State

DOCUMENT# 712450

Entity Name: CENTRAL FLORIDA KENNEL CLUB, INC.

Current Principal Place of Business:

401 CARDINAL OAKS COURT
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

401 CARDINAL OAKS COURT
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 59-1150593 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALBERS, DIANE J.
401 CARDINAL OAKS COURT
LAKE MARY, FL 32746 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:	V	( ) Delete
Name:	BAKER, PAM	
Address:	1561 GUINEVERE DR	
City-St-Zip:	CASSELBERRY, FL 32707	
Title:	P	( ) Delete
Name:	ALBERS, DIANE J.,	
Address:	401 CARDINAL OAKS CT	
City-St-Zip:	LAKE MARY, FL	
Title:	D	( ) Delete
Name:	STUMPFF, MARYLOU	
Address:	870 CHEYENNE DR	
City-St-Zip:	SAINT CLOUD, FL 34771	
Title:	SD	( ) Delete
Name:	GILCHREST, KATHY	
Address:	1426 SELMA AVENUE	
City-St-Zip:	ORLANDO, FL 32825	
Title:	T	( ) Delete
Name:	ROWELL, LINDA G.,	
Address:	2147 ROCK SPRINGS RD	
City-St-Zip:	DUBLIN, GA	
Title:	D	( ) Delete
Name:	COLLINGSWORTH, BARBARA	
Address:	115 HOLIDAY LANE	
City-St-Zip:	WINTER SPRINGS, FL 32708	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	COLLINSWORTH, BARBARA	
Address:	115 HOLIDAY LANE	
City-St-Zip:	WINTER SPRINGS, FL 32708	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	PEARSON, CHRISTINE	
Address:	4612 MILLCOVE DR.	
City-St-Zip:	ORLANDO, FL 32712	

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: DIANE J. ALBERS P 02/21/2008
Electronic Signature of Signing Officer or Director — Date