## 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 714515

Apr 15, 2007
Secretary of State

Entity Name: SHETLAND SHEEPDOG CLUB OF SOUTHEAST FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** C/O ELIZABETH SIRVINSKAS 410 SE 2 AVE POMPANO BEACH, FL 33060 US **New Mailing Address: Current Mailing Address:** C/O ELIZABETH SIRVINSKAS 410 SE 2 AVE POMPANO BEACH, FL 33060 US FEI Number: 59-6195023 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SIRVINSKAS, ELIZABETH 410 SE 2 AVE POMPANO BEACH, FL 33060 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HECTOR, HECTOR Name: Name: 1100 SW 128TH DR Address: Address: City-St-Zip: **DAVIE, FL 33325** City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition HECTOR, MEREDITH Name: HECTOR, MEREDITH Name: Address: 1200 SW 128 DRIVE Address: 1200 SW 128 DRIVE City-St-Zip: **DAVIE, FL 33325** City-St-Zip: **DAVIE, FL 33325** Title: () Delete Title: () Change () Addition SIRVINSKAS, ELIZABETH Name: Name: Address: 410 S.E. SECOND AVE Address: City-St-Zip: POMPANO BEACH, FL 33060 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: STAAB, LORNA Name: Address: 410SE 2ND AVE Address: City-St-Zip: POMPANO BEACH, FL 33060 City-St-Zip: Title: () Delete Title: () Change () Addition LANNON, MARYANN Name: Name: 8440 PALIMINE DR Address: Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition HOUEHINS, DIANE E HOUCHINS, DIONE E Name: Name: 17441 SW 50 CT 17441 SW 50 CT Address: Address: SOUTHWEST RANCHES, FL 33731 SOUTHWEST RANCHES, FL 33731 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ELIZABETH SIRVINSKAS T 04/15/2007