2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004
Secretary of State

DOCUMENT# 715250

Entity Name: PENSACOLA DOG FANCIERS' ASSOCIATION, INC.

Current Principal Place of Business:

4655 SCHAAG ROAD
MOLINO, FL 32577 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 17144
PENSACOLA, FL 32522 US

New Mailing Address:

FEI Number: 59-1265201 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHETSTONE, MICHAEL
4655 SCHAAG ROAD
MOLINO, FL 32577

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:	P	( ) Delete
Name:	REYNOLDS, BETTY	
Address:	1419 MOONLIGHT DRIVE	
City-St-Zip:	CANTONMENT, FL 32533	
Title:	VP	( ) Delete
Name:	ADAMS, GORDAN	
Address:	8701 SOUTH LYNN ROAD	
City-St-Zip:	MILTON, AL 32583	
Title:	T	( ) Delete
Name:	WHETSONE, MICHAEL	
Address:	4655 SCHAAG ROAD	
City-St-Zip:	MOLINO, FL 32577	
Title:	BOD	( ) Delete
Name:	YOUNG, PAT	
Address:	7990 BURSTAFF ROAD	
City-St-Zip:	PENSACOLA, FL 32514	
Title:	BOD	( ) Delete
Name:	NELSON, MAC	
Address:	6455 N HWY 95A	
City-St-Zip:	MOLINO, FL 32577	
Title:	BOD	( ) Delete
Name:	HOUSE, BOB	
Address:	2875 AVENIDA ALBUTO	
City-St-Zip:	LILLIAN, AL 36549	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL WHETSTONE T 05/03/2004
Electronic Signature of Signing Officer or Director — Date