

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718036

FILED  
Apr 08, 2008  
Secretary of State

Entity Name: OKALOOSA KENNEL CLUB, INC.

## Current Principal Place of Business:

106 WILDER STREET  
NICEVILLE, FL 32578 US

## New Principal Place of Business:

2848 APLIN ROAD  
CRESTVIEW, FL 32539 US

## Current Mailing Address:

P O BOX 2246  
FT WALTON BEACH, FL 32549 US

## New Mailing Address:

FEI Number: 23-7101562      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCMICHAEL, SEAN  
2848 ADLIN ROAD  
CRESTVIEW, FL 32539 US

## Name and Address of New Registered Agent:

MCMICHAEL, SEAN  
2848 APLIN ROAD  
CRESTVIEW, FL 32539 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:

04/08/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: CSD ( ) Delete  
Name: JAMES, KARGH  
Address: 1009 SHOAL RIVER DRIVE  
City-St-Zip: CRESTVIEW, FL 32539

Title: PD ( ) Delete  
Name: MILLER, JERRY  
Address: 91 BAY WINDS DRIVE  
City-St-Zip: DESTIN, FL 32541

Title: TD ( ) Delete  
Name: MCMICHAEL, SEAN  
Address: 2848 ADLIN ROAD  
City-St-Zip: CRESTVIEW, FL 32539

Title: RSD ( ) Delete  
Name: BRANCH, WILLIAM  
Address: 671 BROOKMEADE DRIVE  
City-St-Zip: CRESTVIEW, FL 32539

Title: VD ( ) Delete  
Name: PHILPOT, VINCE  
Address: 451 SANDMORE SHORES DRIVES  
City-St-Zip: MARY ESTHER, FL 32569

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CSD (X) Change ( ) Addition  
Name: STILLWELL, KACEY  
Address: 106 WILDER STREET  
City-St-Zip: NICEVILLE, FL 32578

Title: PD (X) Change ( ) Addition  
Name: WILLIAMS, KAREN  
Address: 151 VIRGINIA STREET  
City-St-Zip: CRESTVIEW, FL 32539

Title: TD (X) Change ( ) Addition  
Name: MCMICHAEL, SEAN  
Address: 2848 APLIN ROAD  
City-St-Zip: CRESTVIEW, FL 32539

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 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: SEAN MCMICHAEL

TD

04/08/2008

Electronic Signature of Signing Officer or Director

Date