

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719024

FILED  
Apr 21, 2005  
Secretary of State

Entity Name: GREATER FORT MYERS DOG CLUB, INC.

**Current Principal Place of Business:**

P.O. BOX 6295  
FORT MYERS, FL 33911

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6295  
FORT MYERS, FL 33911

**New Mailing Address:**

FEI Number: 59-1877169

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRAZIER, BARBARA J  
1311 ELLENDALE CIRCLE  
LEHIGH ACRES, FL 33936 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: PD ( ) Delete  
Name: BROWN, LINDA  
Address: 17289 LEE RD.  
City-St-Zip: FORT MYERS, FL 33911

Title: CSD ( ) Delete  
Name: MEYER, ANN  
Address: 3161 OLD BURNT STONE RD.  
City-St-Zip: CAPE CORAL, FL 33993

Title: VD ( ) Delete  
Name: BEESON, JOANNE  
Address: 25 KINGMAN CIR  
City-St-Zip: FORT MYERS, FL 33905

Title: D ( ) Delete  
Name: HARE, SUSAN  
Address: 6940 HONEYCOMB LANE  
City-St-Zip: FORT MYERS, FL 33912

Title: TD ( ) Delete  
Name: FRAZIER, BARBARA J  
Address: 1311 ELLENDALE CIRCLE  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: RCD ( ) Delete  
Name: EWEN, CHARLENE  
Address: 5544 NEW PINSLAKE DR  
City-St-Zip: FORT MYERS, FL 33907

**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: BARBARA FRAZIER

TD

04/21/2005

Electronic Signature of Signing Officer or Director

Date