

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# 719024

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:

C/O 818 SE 47TH ST.
CAPE CORAL, FL 33901

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:

PETERSON, LESLEY
967 NOTT ROAD
CAPE CORAL, FL 33991 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: D () Delete
Name: PAVIGLIANTI, WILLIAM
Address: 1327 N W 17TH STREET
City-St-Zip: CAPE CORAL, FL 33993

Title: TD () Delete
Name: PETERSON, LESLEY
Address: 967 SE 2ND TERR
City-St-Zip: CAPE CORAL, FL 33991

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

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

Title: RCD () Delete
Name: BOEHM, BEA
Address: 1311 ELLENDALE CIRCLE
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D () 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: D (X) Change () Addition
Name: COHEN, CANDY
Address: 1762 SERENITY LANE
City-St-Zip: FORT MYERS, FL 33957

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: LESLEY L. PETERSON

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04/29/2009

Electronic Signature of Signing Officer or Director

Date