

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721345

FILED  
Feb 22, 2008  
Secretary of State

Entity Name: JACKSONVILLE RETRIEVER CLUB, INC.

## Current Principal Place of Business:

C/O JOSEPH A. WATTLEWORTH  
19751 NE 87TH LANE  
WILLISTON, FL 32696

## New Principal Place of Business:

## Current Mailing Address:

C/O JOSEPH A. WATTLEWORTH  
19751 NE 87TH LANE  
WILLISTON, FL 32696

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WATTLEWORTH, JOSEPH A  
19751 N.E. 87TH LANE  
WILLISTON, FL 32696 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: P ( ) Delete  
Name: PARKINSON, CHRIS  
Address: 409 PALMETTO ST  
City-St-Zip: OVIEDO, FL 32765

Title: T ( ) Delete  
Name: HORNSBY, ART G  
Address: 9725 SW 129TH ST  
City-St-Zip: ARCHER, FL 32618

Title: VP ( ) Delete  
Name: ROEGIERS, STEVE  
Address: 250 S.E. PELICAN ROAD  
City-St-Zip: STUART, FL 34996

Title: S ( ) Delete  
Name: EASON, COLBY  
Address: 4600 HELENA DR.  
City-St-Zip: TITUSVILLE, FL 32780

Title: D ( ) Delete  
Name: HORNSBY, KATHY  
Address: 9725 SW 129TH ST  
City-St-Zip: ARCHER, FL 32618

Title: D ( ) Delete  
Name: WATTLEWORTH, JOSEPH A  
Address: 19751 N.E. 87TH LANE  
City-St-Zip: WILLISTON, FL 32696

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change ( ) Addition  
Name: MANN, RICHARD  
Address: 5951 SW 21ST AVE. RD.  
City-St-Zip: OCALA, FL 34474

Title: S (X) Change ( ) Addition  
Name: EASON, COLBY  
Address: 3883 CR 532 S.  
City-St-Zip: BUSHNELL, FL 33513

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: CHRIS PARKINSON

P

02/22/2008

Electronic Signature of Signing Officer or Director

Date