2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2006
Secretary of State

DOCUMENT# 722870

Entity Name: GREATER OCALA DOG CLUB, INC.

Current Principal Place of Business:

10205 NW GAINESVILLE RD
OCALA, FL 34482 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 1253
OCALA, FL 344781253 US

New Mailing Address:

P.O BOX 1253
OCALA, FL 344781 US

FEI Number: 59-1581117 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILSON, VIOLETTE A
1439 NE 47TH AVE
ANTHONY, FL 32617 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: CAMPBELL, ROBERTA
Address: 8685 E SW 95 ST
City-St-Zip: OCALA, FL 34481

Title: VP ( ) Delete
Name: BRIASCO, PHILLIP
Address: 7 LAKE WOOD CIRCLE
City-St-Zip: OCALA, FL 34482

Title: D ( ) Delete
Name: MAGNAN, CHARI
Address: 16893 SE 165TH AVE
City-St-Zip: WEIRSDALE, FL 32195

Title: T ( ) Delete
Name: WILSON, VIOLETTE A
Address: 14390 NE 47TH AVE
City-St-Zip: ANTHONY, FL 326172506

Title: D ( ) Delete
Name: ANDREW, CHANTAL
Address: 5454 SW 121ST TERRACE
City-St-Zip: OCALA, FL 34481

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition
Name: FEDERMAN, MICHELE
Address: 801 NE 63 ST.
City-St-Zip: OCALA, FL 34479

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 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: VIOLETTE WILSON T 07/20/2006
Electronic Signature of Signing Officer or Director — Date