

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90167 017 \*\*\*\*61.25

**DOCUMENT # 722870**

1. Entity Name  
**GREATER OCALA DOG CLUB, INC.**



Principal Place of Business  
**10205 NW GAINESVILLE RD  
OCALA, FL 34482 US**

Mailing Address  
**P.O BOX 1253  
OCALA, FL 34478-1 US**



04032007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1581117**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**WILSON, VIOLETTE A  
1439 NE 47TH AVE  
ANTHONY, FL 32617**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	CAMPBELL, ROBERTA
STREET ADDRESS	8685 E SW 95 ST
CITY-ST-ZIP	OCALA, FL 34481
TITLE	VP
NAME	BRIASCO, PHILLIP
STREET ADDRESS	7 LAKE WOOD CIRCLE
CITY-ST-ZIP	OCALA, FL 34482
TITLE	S
NAME	FEDERMAN, MICHELE KERN, VALERIE
STREET ADDRESS	804 NE 83 ST. 8601 SW 20 COURT
CITY-ST-ZIP	OCALA, FL 34479 OCALA, FL 33476
TITLE	T
NAME	WILSON, VIOLETTE A
STREET ADDRESS	14390 NE 47TH AVE
CITY-ST-ZIP	ANTHONY, FL 326172506
TITLE	D
NAME	ANDREW, GANTAL MAGNAN, CHARL
STREET ADDRESS	5454 SW 121ST TERRACE 16893 SE 165 AVENUE
CITY-ST-ZIP	OCALA, FL 34481 WEIRSDALE, FL 32195
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Violette A Wilson* **VIOLETTE A WILSON** 4/4/07 (352) 595-8174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #