

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90052 011 ****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
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4001000



03292008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1581117	Applied For Not Applicable
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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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMPBELL, ROBERTA 8685 E SW 95 ST OCALA, FL 34481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRIASCO, PHILLIP 7 LAKE WOOD CIRCLE OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRIASCO, PHILLIP 7 LAKE WOOD CIRCLE OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAMPBELL, ROBERTA 8685 E SW 95 ST OCALA, FL 34481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KERN, VALERIE 8601 SW 20 CT PAHOKEE, FL 33476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FULLAM, SHIRLEY 3711 SW 7TH AVENUE ROAD OCALA FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILSON, VIOLETTE A 1439 NE 47TH AVE ANTHONY, FL 326172506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGNAN, CHARI 6893 SE 165 AVE WEIRSDALE, FL 32195
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 *Violetta Wilson* *Secretary of State* *4/21/08* *(250) 758-2111*