

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722870

FILED  
Jun 23, 2009  
Secretary of State

**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 344781 US

**New Mailing Address:**

P.O BOX 1253  
OCALA, FL 34478 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  
14390 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: BRIASCO, PHILLIP  
Address: T LAKE WOOD CIRCLE  
City-St-Zip: OCALA, FL 34482

Title: VP ( ) Delete  
Name: CAMPBELL, ROBERTA  
Address: P6 85 E SW 95 ST.  
City-St-Zip: OCALA, FL 34482

Title: S ( ) Delete  
Name: FULLMAN, SHIRLEY  
Address: 3711 SW 7TH AVENUE ROAD  
City-St-Zip: OCALA, FL 34474

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

Title: D ( ) Delete  
Name: MAGNAN, CHARI  
Address: 6893 SE 165 AVE  
City-St-Zip: WEIRSDALE, FL 32195

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BRIASCO, PHILLIP  
Address: 7 LAKE WOOD CIRCLE  
City-St-Zip: OCALA, FL 34482

Title: VP (X) Change ( ) Addition  
Name: CAMPBELL, ROBERTA  
Address: 8685 E SW 95 ST.  
City-St-Zip: OCALA, FL 34481

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

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: VIOLETTE WILSON

TREA

06/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date