


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90020 020 ****61.25

DOCUMENT # 723776					
1. Entity Name GREATER PANAMA CITY DOG FANCIER'S ASSOCIATION, INC					
Principal Place of Business 4909 E 11TH STREET PANAMA CITY, FL 32404 US			Mailing Address P O BOX 2491 PANAMA CITY, FL 32402		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-6508950 NOT APPLICABLE	
				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
EPLING, SANDIE 3906 BECORA COURT PANAMA CITY, FL 32405				7. Name and Address of New Registered Agent	
				Name MARGARET D. ADCOCK	
				Street Address (P.O. Box Number is Not Acceptable) 1914 FRANKFORD AVE.	
				APT. 308	
				City PANAMA CITY FL Zip Code 32405	
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. MARGARET D. ADCOCK					
SIGNATURE Margaret D. Adcock - TREASURER				DATE 01-10-08	
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRYE, MELISSA		NAME		
STREET ADDRESS	8926 KINGSWOOD RD		STREET ADDRESS		
CITY-ST-ZIP	SOUTHPORT, FL 32409		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBBINS, ANN		NAME		
STREET ADDRESS	435 S PALO ALTO AVE		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32401		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EPLING, SANDIE		NAME	MARGARET D. ADCOCK	
STREET ADDRESS	3906 BECORA COURT		STREET ADDRESS	1914 FRANKFORD AVE - APT 308	
CITY-ST-ZIP	PANAMA CITY, FL 32405		CITY-ST-ZIP	PANAMA CITY, FL 32405	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINGE, BARBARA		NAME		
STREET ADDRESS	103 S GAY AVE		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32404		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADCOCK, MARGARET		NAME	RUTH PREHN	
STREET ADDRESS	1914 FRANKFORD AVE # 308		STREET ADDRESS	1510 CAROLINA AVE.	
CITY-ST-ZIP	PANAMA CITY, FL 32405		CITY-ST-ZIP	LYNN HAVEN, FL 32444	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBBINS, RICHARD		NAME		
STREET ADDRESS	435 S. PALO ALTO AVE		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32401		CITY-ST-ZIP		
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: Margaret D. Adcock				DATE: 01-10-08 DAYTIME PHONE # 850-215-3327	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	