2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724548

FILED Mar 30, 2009 Secretary of State

Entity Name: JUPITER/TEQUESTA DOG CLUB, INC.

| | Principal Place of Business: | New Principal Place of Busir | iess: | |
|--|--|--|------------------------------|--|
| HARRIET | 53 PARKSIDE DRIVE * L. WILKES BLDG. ROOM 101 , FL 33458 US | | | |
| Current Mailing Address: | | New Mailing Address: | New Mailing Address: | |
| PO BOX 3 JUPITER, | 304 , FL 334680304 US | | | |
| FEI Numbe | r: 59-1740663 FEI Number Applied For () | FEI Number Not Applicable () Certif | icate of Status Desired() | |
| Name an | d Address of Current Registered Agent: | Name and Address of New R | egistered Agent: | |
| | ARBARA SBURGH DRIVE , FL 33458 US | | | |
| | e named entity submits this statement for the te of Florida. | ne purpose of changing its registered office o | r registered agent, or both, | |
| SIGNATU | JRE: | | | |
| | Electronic Signature of Registered | Agent | Date | |
| OFFICER | RS AND DIRECTORS: | ADDITIONS/CHANGES TO O | FFICERS AND DIRECTORS | |
| | | | | |
| Title: Name: Address: City-St-Zip: | D () Delete PARSONS, MAUREEN 122 JESSUP LN, W JUPITER, FL 334585279 | Title: () Chang Name: Address: City-St-Zip: | e () Addition | |
| Name: Address: City-St-Zip: Fitle: Name: Address: | PARSONS, MAUREEN 122 JESSUP LN, W JUPITER, FL 334585279 D () Delete GRINELS, SUZANNE 903 SW KEATS AVE | Name: Address: City-St-Zip: | e () Addition | |
| Name: Address: | PARSONS, MAUREEN 122 JESSUP LN, W JUPITER, FL 334585279 D () Delete GRINELS, SUZANNE 903 SW KEATS AVE PALM CITY, FL 34990 T () Delete KOLLMAN, CATHY 10233 150TH RD | Name: Address: City-St-Zip: Title: () Chang Name: Address: City-St-Zip: | | |
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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: CATHY KOLLMAN T 03/30/2009