

DOCUMENT # 727899
1. Entity Name
LAKELAND-WINTER HAVEN KENNEL CLUB, INC.

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90046 021 ****61.25

Principal Place of Business
**419 DONALD ST
LAKELAND FL 33813
US**

Mailing Address
**P.O. BOX 7247
LAKELAND FL 33807
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-1506829** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent
**WHEATLEY, SHEILA L.
419 DONALD ST.
LAKELAND FL 33813**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

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

**FILE NOW:
FEE IS \$61.25**

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	WHEATLEY, SHEILA L.	419 DONALD ST.	LAKELAND FL	<input type="checkbox"/>
TD	SNYDER, CARLENE	117 HICKORY DR	BRANDON FL 33511	<input type="checkbox"/>
VPD	GUGGENHEIM, BONNIE	2070 SHADOW PINE DR	BRANDON FL 33511	<input type="checkbox"/>
SD	PAUL, MARY ANN	16132 ARMISTEAD LN	ODESSA FL 33556	<input checked="" type="checkbox"/>
SD	BOUWKAMP, KATHLEEN	1866 PINNACLE DRIVE	LAKELAND FL 33813-3058	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SHEILA WHEATLEY **SIGNATURE: SHEILA WHEATLEY** **1/13/01** **(863) 644-3026**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)