


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

6/8/04

**FILED**  
**Jun 23, 2004 8:00 am**  
**Secretary of State**

06-23-2004 90003 014 \*\*\*\*61.25

<b>DOCUMENT # 727899</b>	
<b>1. Entity Name</b> LAKELAND-WINTER HAVEN KENNEL CLUB, INC.	

<b>Principal Place of Business</b> 419 DONALD ST LAKELAND FL 33813 US	<b>Mailing Address</b> P.O. BOX 7247 LAKELAND FL 33807 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

<b>4. FEI Number</b> 59-1506829	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> WHEATLEY, SHEILA L. 419 DONALD ST. LAKELAND FL 33813
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<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

<b>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.</b>	
SIGNATURE <i>Sheila Wheatley</i>	DATE 6-12-04

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> PD	<input type="checkbox"/> Delete
<b>NAME</b> WHEATLEY, SHEILA L.	
<b>STREET ADDRESS</b> 419 DONALD ST.	
<b>CITY-ST-ZIP</b> LAKELAND FL	
<b>TITLE</b> TD	<input type="checkbox"/> Delete
<b>NAME</b> SNYDER, CARLENE	
<b>STREET ADDRESS</b> 117 HICKORY DR	
<b>CITY-ST-ZIP</b> BRANDON FL 33511	
<b>TITLE</b> VPD	<input type="checkbox"/> Delete
<b>NAME</b> GUGGENHEIM, BONNIE	
<b>STREET ADDRESS</b> 2070 SHADOW PINE DR	
<b>CITY-ST-ZIP</b> BRANDON FL 33511	
<b>TITLE</b> SD	<input type="checkbox"/> Delete
<b>NAME</b> BOUWKAMP, KATHLEEN	
<b>STREET ADDRESS</b> 1866 PINNACLE DRIVE	
<b>CITY-ST-ZIP</b> LAKELAND FL 33813-3058	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> SAM STEDING	
<b>STREET ADDRESS</b> 534-ALDERMAN RD	
<b>CITY-ST-ZIP</b> LAKE LAND, FL 33810-2880	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b> VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> MARY A Mc DANIEL, DVM	
<b>STREET ADDRESS</b> 3941-THORNHILL RD	
<b>CITY-ST-ZIP</b> WINTER HAVEN, FL 33880	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>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.</b>	
<b>SIGNATURE:</b> <i>Carlene Snyder</i>	<b>DATE:</b> 6/8/04 <b>DAYTIME PHONE #:</b> 813-684-5853
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>	