

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90297 007 \*\*\*\*61.25

40068339



<b>DOCUMENT # 727899</b> 1. Entity Name <b>LAKELAND-WINTER HAVEN KENNEL CLUB, INC.</b>					
Principal Place of Business 419 DONALD ST LAKELAND, FL 33813 US			Mailing Address P.O. BOX 7247 LAKELAND, FL 33807 US		
2. Principal Place of Business <i>3920 Water Oak Dr.</i>		3. Mailing Address Suite, Apt. #, etc.			
City & State <i>Lakeland</i>		City & State			
Zip <i>33810</i>	Country <i>US</i>	Zip	Country	4. FEI Number <b>59-1506829</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>WHEATLEY, SHEILA L.</b> <b>419 DONALD ST.</b> <b>LAKELAND, FL 33813</b>				7. Name and Address of New Registered Agent Name <i>Thomas J. Hell</i> Street Address (P.O. Box Number is Not Acceptable) <i>3920 Water Oak Dr.</i> City <i>Lakeland</i> <b>FL</b> Zip Code <i>33810</i>	
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.					
SIGNATURE <i>Thomas J. Hell</i> <b>Thomas J. Hell</b>		DATE <i>4/23/05</i>			
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD WHEATLEY, SHEILA L. 534 ALDERMAN ROAD LAKELAND, FL 33810	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Sam Steding 534 ALDERMAN Rd. Lakeland, FL 33810-2880	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SNYDER, CARLENE 117 HICKORY DR BRANDON, FL 33511	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Thomas J. Hell 3920 Water Oak Dr Lakeland, FL 33810-2410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GUGGENHEIM, BONNIE 3941 THRONHILL ROAD WINTER HAVEN, FL 33880	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Carlene Snyder 117 Hickory Creek Dr. Brandon, FL 33511-8011	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOUWKAMP, KATHLEEN 1866 PINNACLE DRIVE LAKELAND, FL 338133058	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Thomas J. Hell</i> <b>Thomas J. Hell</b>		DATE <i>4/23/05</i> <b>863-859-4610</b>			