

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728406

FILED  
Apr 15, 2009  
Secretary of State

**Entity Name:** BREVARD COUNTY DOG TRAINING CLUB, INCORPORATED

**Current Principal Place of Business:**

625 GLADIOLA ST.  
MERRITT ISLAND, FL 32952

**New Principal Place of Business:**

**Current Mailing Address:**

625 GLADIOLA ST  
MERRITT ISLAND, FL 32952

**New Mailing Address:**

**FEI Number:** 26-0160007

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCONYER, LAURA  
625 GLADIOLA ST.  
MERRITT ISLAND, FL 32952 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PASSAMONTE, CHRISTINE  
Address: 220 NORTHGROVE DR.  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VP ( ) Delete  
Name: BRAUTIGAM, RON  
Address: 2351 STONEBRIDGE DR  
City-St-Zip: ROCKLEDGE, FL 32955

Title: ST ( ) Delete  
Name: WOLFAM, JOHN  
Address: 19 FAIRWAY DR  
City-St-Zip: COCOA BEACH, FL 32931

Title: S ( ) Delete  
Name: SCONYERS, LAURA  
Address: 213 VIA HAVARRE  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D ( ) Delete  
Name: MINER, DONNA  
Address: 855 YORKTOWNE DR  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete  
Name: CORNEY, EDNA  
Address: 5565 HAMACIA RD  
City-St-Zip: COCOA, FL 32927

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: PASSAMONTE, CHRISTINE  
Address: 220 NORTHGROVE DR.  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: P (X) Change ( ) Addition  
Name: BRAUTIGAM, RON  
Address: 2351 STONEBRIDGE DR  
City-St-Zip: ROCKLEDGE, FL 32955

Title: T (X) Change ( ) Addition  
Name: MINER, DONNA  
Address: 855 YORKTOWNE DR  
City-St-Zip: ROCKLEDGE, FL 32955

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SCHULER, TINA  
Address: PO BOX 33337  
City-St-Zip: INDIATLANTIC, FL 32907

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LAURA SCONYERS

S

04/15/2009

Electronic Signature of Signing Officer or Director

Date