

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 31, 2005 08:00 AM
Secretary of State**

DOCUMENT # 729763

1. Entity Name
GREAT DANE CLUB OF SOUTH FLORIDA, INC.



Principal Place of Business
**721 N. 72 TERRACE
HOLLYWOOD, FL 33024-5830 US**

Mailing Address
**721 N. 72 TERRACE
HOLLYWOOD, FL 33024-5830 US**



01042005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1794478

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RAIFORD, DIANE L
721 N 72ND TERRACE
HOLLYWOOD, FL 33024**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
RAIFORD, DIANE
721 N 72ND TERRACE
HOLLYWOOD, FL 33024**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
SNEDAKER, PAM
721 N 72ND TERRACE
HOLLYWOOD, FL 33024**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
RATHBONE, SUE
16394 EDINBURGH DR E
LOXAHATCHEE, FL 33470**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
O'CONNOR, ANDREA
PO BOX 8013
JUPITER, FL 33468**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SIMMONS, TINA
1064 PINE BRANCH DR
FT LAUDERDALE, FL 33326**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HIGGINS, MARIA
12940 WILTON RD
N PALM BEACH, FL 33408**

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02/01/05-80081-011 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-05
1-12-05

**954-
963-9839**

Daytime Phone #