

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734078

FILED
Jun 02, 2008
Secretary of State

Entity Name: K-9 OBEDIENCE CLUB OF JACKSONVILLE, INC.

Current Principal Place of Business:

2638 POWERS AVE
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

6642 WELLINGTON PL LANE
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-2090317 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BILLINGE, LAURIE
6642 WELLINGTON PL LANE
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

BILLINGE, LAURIE PRES
6642 WELLINGTON PL LANE
JACKSONVILLE, FL 32216 US

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: LAURIE A. BILLINGE, PRES

06/02/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BILLINGE, LAURIE
Address: 6642 WELLINGTON PL. LN.
City-St-Zip: JACKSONVILLE, FL 32216

Title: VD () Delete
Name: BUCK, EDWARD
Address: 11649 BRUSH RIDGE CIR S
City-St-Zip: JACKSONVILLE, FL 32225

Title: VD () Delete
Name: WHALEN, COLLEEN
Address: 2565 TREEMONT ST
City-St-Zip: JACKSONVILLE, FL 32216

Title: TD () Delete
Name: BERRY, ELLEN
Address: 7915 FRESCA ST
City-St-Zip: JACKSONVILLE, FL 32217

Title: SEC () Delete
Name: ZABOROWSKI, PAT
Address: 1266 VACUNA RD
City-St-Zip: KINGSLAND, GA 31548

Title: S () Delete
Name: BUTLER, BARBARA
Address: 11919 MANDARIN RD.
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: LAURIE A BILLINGE

PRES

06/02/2008

Electronic Signature of Signing Officer or Director

Date