

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735170

FILED
Jan 15, 2008
Secretary of State

Entity Name: INDIAN RIVER DOG TRAINING CLUB, INC.

Current Principal Place of Business:

6925 COTTON WOOD DR
GRANT, FL 32949 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 060861
PO BOX 861
PALM BAY, FL 329060861 US

New Mailing Address:

FEI Number: 59-2858366 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATZOK, CHRIS
6925 COTTON WOOD DR
GRANT, FL 32949 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: VP () Delete
Name: RONDIVONE, BRENDA
Address: 7911 MAPLEWOOD DR. #112
City-St-Zip: W. MELBOURNE, FL 32904

Title: S () Delete
Name: DERR, JANE
Address: 911 PINE CREEK CIR NE
City-St-Zip: PALM BAY, FL 32905

Title: D () Delete
Name: CATALANO, FRANK
Address: 334 WOODY CIRCLE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D () Delete
Name: MCKNIGHT, ELENA
Address: 1981 MATTINSON DR NE
City-St-Zip: PALM BAY, FL 32905

Title: T () Delete
Name: SANDY, LORETTA
Address: 699 AWIN COURT SE
City-St-Zip: PALM BAY, FL 32909

Title: P () Delete
Name: MATZOK, CHRIS
Address: 6925 COTTONWOOD DRIVE
City-St-Zip: GRANT, FL 32949

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: LORETTA SANDY

TREA

01/15/2008

Electronic Signature of Signing Officer or Director

Date