

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740202

FILED
Apr 29, 2007
Secretary of State

Entity Name: THE "ST. PETERSBURG DOG FANCIERS' ASSOCIATION"

Current Principal Place of Business:

6198 -35 AVE NO.
ST. PETERSBURG, FL 337101765

New Principal Place of Business:

Current Mailing Address:

6198 -35 AVE NO.
ST. PETERSBURG, FL 337101765

New Mailing Address:

FEI Number: 59-1796272

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODWIN, SHIRLEY J.
6198 -35 AVE NO
ST. PETERSBURG, FL 33710 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: PD () Delete
Name: MATTIE, PATRICK V
Address: 4324 DEESON ROAD
City-St-Zip: LAKE LAND, FL 33810

Title: VD () Delete
Name: GOODWIN, SHIRLEY
Address: 6198 35TH AVENUE, NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: DIR () Delete
Name: MEISELS, GERRY DR
Address: 10815 GREAT WHITE OAKS LANE
City-St-Zip: THONOTOSASSA, FL 33592

Title: VD (X) Delete
Name: AGLIANO, NICK
Address: 2714 ST JOHN STREET
City-St-Zip: TAMPA, FL 33607

Title: TD () Delete
Name: REED, LORRIE
Address: 4365 66TH AVE N
City-St-Zip: PINELLAS PARK, FL 33781

Title: SD () Delete
Name: RIGGSBEE, NIKKI
Address: 3412 BLOWING OAK ST
City-St-Zip: VALRICO, FL 33594

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: LORRIE REED

TD

04/29/2007

Electronic Signature of Signing Officer or Director

Date