

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740202

FILED
May 06, 2009
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:

4365 66TH AVE N
PINELLAS PARK, FL 33781

Current Mailing Address:

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

New Mailing Address:

P.O. BOX 569
ST. PETERSBURG, FL 33731

FEI Number: 59-1796272 **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:

GOODWIN, SHIRLEY J.
6198 -35 AVE NO
ST. PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

REED, LORRIE K
4365 66TH AVE N
PINELLAS PARK, FL 33781 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: LORRIE K REED

05/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: MATTIE, PATRICK V
Address: 4324 DEESON ROAD
City-St-Zip: LAKELAND, 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: PD () Delete
Name: REED, LORRIE
Address: P.O. BOX 569
City-St-Zip: ST. PETERSBURG, FL 33731

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

Title: TD () Delete
Name: DUNFORD, APRIL
Address: P.O. BOX 569
City-St-Zip: ST. PETERSBURG, FL 33731

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 K. REED

PRES

05/06/2009

Electronic Signature of Signing Officer or Director

Date