2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744431

FILED Feb 07, 2009 Secretary of State

Entity Name: DOG OBEDIENCE CLUB OF HOLLYWOOD, INC.

| Current P | rincipal Place of Business: | New Principal Place of Business: | |
|---|--|---|--|
| 6591 SW 4 DAVIE, FL | | | |
| Current Mailing Address: | | New Mailing Address: | |
| | I. 14 STREET KE PINES, FL 33024 | | |
| FEI Number | : 59-0182722 FEI Number Applied For () | FEI Number Not Applicable () Certificate of Status Desired () | |
| Name and | Address of Current Registered Agent: | Name and Address of New Registered Agent: | |
| | E, ARLENE . 121ST AVENUE . 33330 US | | |
| | e named entity submits this statement for the p e of Florida. | urpose of changing its registered office or registered agent, or bo | |
| SIGNATU | RE: | | |
| | Electronic Signature of Registered Age | nt Date | |
| OFFICER | S AND DIRECTORS: | ADDITIONS/CHANGES TO OFFICERS AND DIRECT | |
| Title: Name: Address: City-St-Zip: | PD () Delete ROTH, HARRYETTE 1339 SW 151 TERRACE SUNRISE, FL 33326 | Title: () Change () Addition Name: Address: City-St-Zip: | |
| Title: Name: Address: City-St-Zip: | CS () Delete PANETTA, MICHELE 3963 NW 18 AVE. OAKLAND PARK, FL 33309 | Title: () Change () Addition Name: Address: City-St-Zip: | |
| Title: Name: Address: City-St-Zip: | VPD () Delete SMITH, ANNETTE 6430 HARDING STREET HOLLYWOOD, FL 33024 | Title: VPD (X) Change () Addition Name: VOJTAS, PAM Address: 1004 E CYPRESS DRIVE City-St-Zip: POMPANO BEACH, FL 33060 | |
| Title: Name: Address: City-St-Zip: | TD () Delete THOMAS, JANA 8831 NW 14 STREET PEMBROKE PINES, FL 33024 | Title: () Change () Addition Name: Address: City-St-Zip: | |
| Title: Name: Address: City-St-Zip: | D () Delete CAROL, GODINA 1812 SW 23 STREET FT. LAUDERDALE, FL 33315 | Title: D (X) Change () Addition Name: CAROL, HONIGMANN Address: 505 SW 16TH STREET City-St-Zip: FT. LAUDERDALE, FL 33315 | |
| Title: Name: Address: City-St-Zip: | D () Delete REELEY, KATHY 2745 MONROE STREET HOLLYWOOD, FL 33020 | 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: JANA THOMAS TD 02/07/2009