

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 26, 2006
Secretary of State

DOCUMENT# 749908

Entity Name: SEMINOLE DOG FANCIERS ASSOCIATION, INC.**Current Principal Place of Business:**PO BOX 521513
LONGWOOD, FL 32752**New Principal Place of Business:****Current Mailing Address:**PO BOX 521513
LONGWOOD, FL 32752**New Mailing Address:****FEI Number:** 59-2208607**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MORRISSETTE, LARRY
909 CYPRESS WOOD CT
DELTONA, FL 32725 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:** VT () Delete
Name: LADE, JEAN
Address: 960 BUTTERCUP TERRACE
City-St-Zip: DELTONA, FL 32725**Title:** CRS () Delete
Name: BLACKBURN, PAT
Address: POB 743
City-St-Zip: WINDERMERE, FL 34786**Title:** D () Delete
Name: KNUDSEN, BETH
Address: 1242 FEATHER DR
City-St-Zip: DELTONA, FL 32725**Title:** D () Delete
Name: MORRISSETTE, APRIL
Address: 909 CYPRESS WOOD CT
City-St-Zip: WINTER SPRINGS, FL 32708**Title:** PD () Delete
Name: MORRISSETTE, LARRY
Address: 909 CYPRESS WOOD CT
City-St-Zip: WINTER SPRINGS, FL 32708**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: BLACKBURN, VIC
Address: PO BOX 743
City-St-Zip: WINDERMERE, FL 34786**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 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: PAT BLACKBURN

CRS

04/26/2006

Electronic Signature of Signing Officer or Director

Date