

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 27, 2006
Secretary of State

DOCUMENT# 749908

Entity Name: SEMINOLE DOG FANCIERS ASSOCIATION, INC.**Current Principal Place of Business:**PO BOX 196266
WINTER SPRINGS, FL 32719**New Principal Place of Business:**PO BOX 521513
LONGWOOD, FL 32752**Current Mailing Address:**PO BOX 196266
WINTER SPRINGS, FL 32719**New Mailing Address:**PO BOX 521513
LONGWOOD, FL 32752**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
WINTER SPRINGS, FL 32708 US**Name and Address of New Registered Agent:**BUTLER, JERRY
934 OLD TREE RD
ORLANDO, FL 32825 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: JERRY BUTLER

11/27/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VT () Delete
Name: BLACKBURN, VICTOR
Address: PO BOX 743
City-St-Zip: WINDERMERE, FL 34786

Title: CRS () Delete
Name: BLACKBURN, PAT
Address: POB 743
City-St-Zip: WINDERMERE, FL 34786

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V/T (X) Change () Addition
Name: STOUTT, KATHY
Address: 676 SARANAC RD
City-St-Zip: WINTER SPRINGS, FL 32798

Title: S (X) Change () Addition
Name: BUTLER, DONNA
Address: 934 OLD TREE RD
City-St-Zip: ORLANDO, FL 32825

Title: D (X) Change () Addition
Name: FIELDS, WILLIAM
Address: 11295 CYPRESS LEAF DR
City-St-Zip: ORLANDO, FL 32825

Title: P/D (X) Change () Addition
Name: BUTLER, JERRY
Address: 934 OLD TREE RD
City-St-Zip: ORLANDO, FL 32825

Title: D () Change (X) Addition
Name: LADE, JEAN
Address: 960 BUTTERCUP TER
City-St-Zip: DELTONA, FL 32725

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: DONNA BUTLER

S

11/27/2006

Electronic Signature of Signing Officer or Director

Date