

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749908

FILED
Jan 25, 2007
Secretary of State

Entity Name: SEMINOLE DOG FANCIERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 521513
LONGWOOD, FL 32752

New Principal Place of Business:

934 OLD TREE RD
ORLANDO, FL 32825

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:

BUTLER, JERRY
934 OLD TREE RD
ORLANDO, FL 32825 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: V/T () Delete
Name: STOUTD, KATHY
Address: 676 SARANAC RD
City-St-Zip: WINTER SPRINGS, FL 32798

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

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

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

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

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: GILBERT, PAT
Address: 5914 SWOFFIELD DR
City-St-Zip: ORLANDO, FL 32812

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: DONNA BUTLER

S

01/25/2007

Electronic Signature of Signing Officer or Director

Date