

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750807

FILED
Apr 13, 2006
Secretary of State

Entity Name: CENTRAL FLORIDA OBEDIENCE DOG CLUB, INC.

Current Principal Place of Business:

1325 CAMP AVE
MT DORA, FL 32757 US

New Principal Place of Business:

1325 CAMP AVE
MOUNT DORA, FL 32757 US

Current Mailing Address:

1325 CAMP AVE
MT DORA, FL 32757 US

New Mailing Address:

5020 ST. ANDREWS ARC
LEESBURG, FL 34748 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRADY, FRANK
1325 CAMP AVE
MOUNT DORA, FL 32757 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: P () Delete
Name: KIERNAN, LOYD PRES.
Address: 31913 BAY ST.
City-St-Zip: TAVARES, FL 32778 US

Title: VP () Delete
Name: ADLER, HARILYN V.P.
Address: 28940 WILLIAMS WOODS RD.
City-St-Zip: TAVARES, FL 32778 US

Title: S () Delete
Name: VAN DELLEN, BETTY SEC.
Address: 38019 FELKINS RD
City-St-Zip: LEESBURG, FL 34788 US

Title: D () Delete
Name: SHINKLE, ANNE
Address: P.O. BOX 350790
City-St-Zip: GRAND ISLAND, FL 32735 US

Title: D () Delete
Name: BRISENDINE, ALINE
Address: 13229 SE 102 CRT
City-St-Zip: BELLEVIEW, FL 34420 US

Title: D () Delete
Name: EGINGTON, LIZ
Address: 16110 W LAKE BURRELL DR
City-St-Zip: LUTZ, FL 33549 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ZAMAN, MARIE PRES.
Address: 1208 NORTH AVE
City-St-Zip: TAVARES, FL 32778 US

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
Name:
Address:
City-St-Zip:

Title: TREA (X) Change () Addition
Name: KURIVIAL, BOBBIE
Address: 5020 ST ANDREWS ARC
City-St-Zip: LEESBURG, FL 34748 US

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: BOBBIE KURIVIAL

TREA

04/13/2006

Electronic Signature of Signing Officer or Director

Date