

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750807

FILED  
Feb 17, 2009  
Secretary of State

Entity Name: CENTRAL FLORIDA OBEDIENCE DOG CLUB, INC.

**Current Principal Place of Business:**

5020 ST. ANDREWS ARC  
LEESBURG, FL 34748 US

**New Principal Place of Business:**

**Current Mailing Address:**

5020 ST. ANDREWS ARC  
LEESBURG, FL 34748 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KURIVIAL, BOBBIE  
5020 ST. ANDREWS ARC  
LEESBURG, FL 34748 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: ZAMAN, MARIE PRES.  
Address: 1208 NORTH AVE  
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: TREA ( ) Delete  
Name: KURIVIAL, BOBBIE  
Address: 5020 ST ANDREWS ARC  
City-St-Zip: LEESBURG, FL 34748 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ( ) 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 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

Electronic Signature of Signing Officer or Director

TREA

02/17/2009

Date