

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 751299

1. Entity Name
INVERNESS, FLA. KENNEL CLUB, INC.



Principal Place of Business
**10073 DOMINGO DR
BROOKSVILLE, FL 34601 US**

Mailing Address
**P.O. BOX 372
LECANTO, FL 34460 US**



03252004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2481794

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

**ANDERSON, CORAL
10073 DOMINGO DR
BROOKSVILLE, FL 34601**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

**000000098858
03/29/04-80060-002 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	P Coral Anderson 10073 Domingo Dr. Brooksville, Florida 34601
TITLE NAME STREET ADDRESS CITY ST ZIP	VP Connie Beck 1804 Humphrey Ln. E. Hernando, Florida 34442
TITLE NAME STREET ADDRESS CITY ST ZIP	S Brenda Clark 349 N. Highview Ave. Hernando, Florida 34442
TITLE NAME STREET ADDRESS CITY ST ZIP	T Ron. Tousey 10073 Domingo Dr. Brooksville, Florida 34601
TITLE NAME STREET ADDRESS CITY ST ZIP	D John Madieros 5037 N. Saddle Dr. Beverly Hills, Florida 34465
TITLE NAME STREET ADDRESS CITY ST ZIP	D Marj Quackenbush 1501 Keats St. Inverness, Florida 34450

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Ronald Tousey* **RONALD TOUSEY** **3-25-04 352-799-5083**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #