
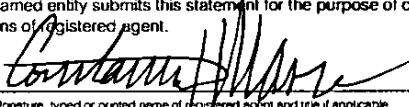



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90049 034 ****61.25

DOCUMENT # 753433 1. Entity Name FIVE FLAGS DOG TRAINING CLUB OF PENSACOLA, FLORIDA, INC.					
Principal Place of Business C/O 7757 FOLKSTONE DR PENSACOLA, FL 32514 US			Mailing Address P.O. BOX 10448 PENSACOLA, FL 32524 US		
2. Principal Place of Business 6749 SHADY HOLLOW DRIVE		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PACE, FL		City & State			
Zip 32571		Country USA		Zip Country	
6. Name and Address of Current Registered Agent MILLS, LINDA 7757 FOLKSTONE DR PENSACOLA, FL 32514				7. Name and Address of New Registered Agent Name CONNIE MARSE Street Address (P.O. Box Number is Not Acceptable) 6749 SHADY HOLLOW DRIVE City PACE FL Zip Code 32571	
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  CONNIE MARSE <u>2/20/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIMEL, SUSAN 3441 BAISDEN ROAD PENSACOLA, FL 32503	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNIE FLEMING 7748 FOLKSTONE DR PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARSE, CONNIE 6749 SHADY HOLLOW DRIVE PACE, FL 32571	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PAT YOUNG 7990 BURSTAFF RD PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCINTYRE, ANN 1800 EAST MAXWELL STREET PENSACOLA, FL 32503	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANNE-FEATHERS 2412 LANK RD MOLINO, FL 32577
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANFORD, CINDY 4316 5TH AVENUE PACE, FL 32571	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JAMES GARFIELD 537 E. ROMANA ST. PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROHLKE, TONI 2934 DUKE DRIVE GULF BREEZE, FL 32563	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAROL MILLER 5213 CHOCTAW AVE PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRINSTEAD, TAMI 5792 PEBBLE RIDGE DR MILTON, FL 32763	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONNIE MARSE 6749 SHADY HOLLOW DRIVE PACE, FL 32571
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  ANNE FEATHERS <u>2/20/06</u> 850-587-2726 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Doc # 753433

ATTACHMENT

40018317

~~#~~ 753433

11. D

TAMI GRINSTEAD

5792 PEBBLE RIDGE DR

MILTON, FL 32783

✓ ADDITION