

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753433

FILED
Jan 16, 2009
Secretary of State

Entity Name: FIVE FLAGS DOG TRAINING CLUB OF PENSACOLA, FLORIDA, INC.

Current Principal Place of Business:

2412 LANK RD
MOLINO, FL 32577 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10448
PENSACOLA, FL 32524 US

New Mailing Address:

FEI Number: 59-3205556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEATHERS, ANNE
2412 LANK RD
MOLINO, FL 32577 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: PD () Delete
Name: SHIMEL, SUSAN
Address: 3441 BAISDEN RD
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: HUDSON, BETH
Address: 9795 N LOOP RD
City-St-Zip: PENSACOLA, FL 32507

Title: TD () Delete
Name: FEATHERS, ANNE
Address: 2412 LANK RD
City-St-Zip: MOLINO, FL 32577

Title: VPD () Delete
Name: FLETCHER, MICHELE
Address: 2217 CALLE DE CASTELAR
City-St-Zip: NAVARRE, FL 32566

Title: SD () Delete
Name: MORGAN, GINA
Address: 1908 FLAMINGO LANE
City-St-Zip: NAVARRE, FL 32566

Title: D () Delete
Name: GRINSTEAD, TAMI
Address: 5792 PEBBLE RIDGE DR
City-St-Zip: TITUSVILLE, FL 32783

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FLEMING, CONNIE
Address: 7748 FOLKSTONE DR
City-St-Zip: PENSACOLA, FL 32514

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: D (X) Change () Addition
Name: GRINSTEAD, TAMI
Address: 5792 PEBBLE RIDGE DR
City-St-Zip: MILTON, FL 32783

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: ANNE FEATHERS

TD

01/16/2009

Electronic Signature of Signing Officer or Director

Date