

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756635

FILED  
Feb 19, 2007  
Secretary of State

**Entity Name:** CENTRAL FLORIDA DOG HUNTERS ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

PO BOX 202  
ALTOONA, FL 327020202 US

**New Principal Place of Business:**

HWY 19  
ALTOONA, FL 32702 US

**Current Mailing Address:**

PO BOX 202  
ALTOONA, FL 327020202 US

**New Mailing Address:**

**FEI Number:** 59-2951916      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BOYD, ANDY  
11485 SE 187TH TERRACE  
OCKLAWAHA, FL 32179 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: BOYD, ANDY  
Address: 11485 S.E. 187TH TERRACE  
City-St-Zip: OCKLAWAHA, FL 32179 US

Title: VP ( ) Delete  
Name: BRYANT, GEORGE  
Address: PO BOX 1263  
City-St-Zip: ALTOONA, FL 32702 US

Title: D ( ) Delete  
Name: COOK, CHRIS  
Address: 439435 STERLING RD  
City-St-Zip: PAISLEY, FL 32767 US

Title: D ( ) Delete  
Name: DURDEN, TIMOTHY  
Address: 1209 CAMP AVENUE  
City-St-Zip: MT. DORA, FL 32757 US

Title: T ( ) Delete  
Name: BRYANT, MARGARET  
Address: 45437 NORTH HIGHWAY 19  
City-St-Zip: ALTOONA, FL 32702 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: T (X) Change ( ) Addition  
Name: BRYANT, MARGARET  
Address: PO BOX 1263  
City-St-Zip: ALTOONA, FL 32702 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: MARGARET A BRYANT

T

02/19/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date