

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759219

FILED
Jan 04, 2012
Secretary of State

Entity Name: MARION-ALACHUA DOG TRAINING ASSOCIATION, INC.

Current Principal Place of Business:

2232 NE JACKSONVILLE RD
OCALA, FL 34470 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 770095
OCALA, FL 34477

New Mailing Address:

FEI Number: 59-2462085

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMPTON, REGINA
4485 NE 33RD AVE
OCALA, FL 34479 US

Name and Address of New Registered Agent:

COPPING, BARBARA
2809 W. HWY 318
CITRA, FL 32113 US

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: BARBARA COPPING

01/04/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP
Name: HAMM, DONNA
Address: 9975 SE 110 ST. RD.
City-St-Zip: BELLEVIEW, FL 34420

Title: T
Name: HARRISON, CAROL
Address: 750 SW 22 PL
City-St-Zip: OCALA, FL 34474

Title: P
Name: COPPING, BARBARA
Address: 2809 W HWY 318
City-St-Zip: CITRA, FL 32113

Title: S
Name: ANTONACCIO, MARY
Address: 3465 NE 45 ST.
City-St-Zip: OCALA, FL 34479

Title: D
Name: WALTER, NELLIE
Address: 23201 NE 103 AVE.
City-St-Zip: FT. MCCOY, FL 32134

Title: D
Name: DUMOND, BOB
Address: 822 SE 23 ST.
City-St-Zip: OCALA, FL 34471

I hereby 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 all other like empowered.

SIGNATURE: CAROL HARRISON

TRES

01/04/2012

Electronic Signature of Signing Officer or Director

Date