

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760060

FILED  
Apr 01, 2009  
Secretary of State

**Entity Name:** GREATER ORANGE PARK DOG CLUB, INC.

**Current Principal Place of Business:**

13 ROBIN RD  
ORANGE PARK, FL 32073 US

**New Principal Place of Business:**

**Current Mailing Address:**

13 ROBIN RD  
ORANGE PARK, FL 32073 US

**New Mailing Address:**

**FEI Number:** 59-2125186

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FILZEN, LYDIA  
13 ROBIN RD  
ORANGE PARK, FL 32073 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: SD ( ) Delete  
Name: BASSINGTHWAIGHTE, CAROLYN SD  
Address: 1440 FRUIT COVE RD N  
City-St-Zip: JACKSONVILLE, FL 32259

Title: TD ( ) Delete  
Name: FILZEN, LYDIA  
Address: 13 ROBIN RD  
City-St-Zip: JACKSONVILLE, FL 32258

Title: PD ( ) Delete  
Name: DUFFEY, DARLA  
Address: 5204 BEIGE ST  
City-St-Zip: JACKSONVILLE, FL 32258

Title: D ( ) Delete  
Name: MARTINEZ, PAT D  
Address: 9890 WESBOURNE CT.  
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete  
Name: WRIGHT, SUZANNE D  
Address: 1638 ANNE DR  
City-St-Zip: MIDDLEBURG, FL 32068

Title: VPD ( ) Delete  
Name: EMERY, ACE VPD  
Address: P O BOX 1992  
City-St-Zip: MIDDLEBURG, FL 32250

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

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

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: LYDIA FILZEN

TREA

04/01/2009

Electronic Signature of Signing Officer or Director

Date