

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 08:00 AM
Secretary of State

DOCUMENT # 762011

1. Entity Name
**FLORIDA ASSOCIATION OF KENNEL CLUBS,
INCORPORATED**



Principal Place of Business

**FLORIDA ASSOC OF KENNEL CLUBS
3965 N RICHY ROAD
MIMS, FL 32754-5220**

Mailing Address

**FLORIDA ASSOC OF KENNEL CLUBS
3965 N RICHY ROAD
MIMS, FL 32754-5220**



03152006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
59-3167212

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PAGE, ELIZABETH N
3965 RICHY ROAD
MIMS, FL 32754**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000476212
04/05/06-80048-007 61.25

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	PAGE, ELIZABETH N
STREET ADDRESS	3965 RICHY ROAD
CITY-ST-ZIP	MIMS, FL
TITLE	PD
NAME	ALBERS, DIANE J
STREET ADDRESS	401 CARDINAL OAKS COURT
CITY-ST-ZIP	LAKE MARY, FL
TITLE	D
NAME	WEIGEL, ALLYN
STREET ADDRESS	1725 ARREDONDO GRANT RD
CITY-ST-ZIP	DE LEON SPRINGS, FL 32130
TITLE	D
NAME	SMITH, SUSAN
STREET ADDRESS	25078 DAN BROWN HIL RD
CITY-ST-ZIP	BROOKSVILLE, FL 34602
TITLE	D
NAME	STEINMETA, GAIL
STREET ADDRESS	827 EL VEDADO
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	D
NAME	MOORE, SALLI
STREET ADDRESS	1920 SPRUCE CREEK CIRCLE
CITY-ST-ZIP	DAYTONA BEACH, FL 32124

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IN THIS SPACE**

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 817, 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 fees empowered.

SIGNATURE:

Elizabeth N Page **ELIZABETH N PAGE** 3/17/06 321-269-0555