

2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90025 035 \*\*\*\*61.25

**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



03072007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-3167212

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee 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, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

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

**DO NOT WRITE  
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 617, 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 like empowered.

**SIGNATURE:** *Elizabeth N Page*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELIZABETH N PAGE 3/11/07 321-269-0555

Date

Daytime Phone #