


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90028 015 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3167212	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PAGE, ELIZABETH N 3965 RICHY ROAD MIMS, FL 32754				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAGE, ELIZABETH N		NAME		
STREET ADDRESS	3965 RICHY ROAD		STREET ADDRESS		
CITY-ST-ZIP	MIMS, FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALBERS, DIANE J		NAME		
STREET ADDRESS	401 CARDINAL OAKS COURT		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEIGEL, ALLYN		NAME		
STREET ADDRESS	1725 ARREDONDO GRANT RD		STREET ADDRESS		
CITY-ST-ZIP	DE LEON SPRINGS, FL 32130		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	YP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, SUSAN		NAME		
STREET ADDRESS	25078 DAN BROWN HIL RD		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE, FL 34602		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STEINMETA, GAIL		NAME	JODI ECKHARDT	
STREET ADDRESS	827 EL VEDADO		STREET ADDRESS	9731 SILVERBEND DR	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405		CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOORE, SALLI		NAME		
STREET ADDRESS	1920 SPRUCE CREEK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32124		CITY-ST-ZIP		
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: <u>Elizabeth N Page</u> ELIZABETH N PAGE TREASURER <u>3/30/08</u> <u>321-269-0555</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					