

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764660

FILED
Jan 16, 2009
Secretary of State

Entity Name: PALM BEACH COUNTY DOG FANCIERS ASSOCIATION

Current Principal Place of Business:

8357 DAMASCUS DRIVE
PALM BEACH GARDENS, FL 33418 US

New Principal Place of Business:

Current Mailing Address:

8357 DAMASCUS DRIVE
PALM BEACH GARDENS, FL 33418 US

New Mailing Address:

FEI Number: 59-2214657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, VINCENT F
8357 DAMASCUS DRIVE
PALM BEACH GARDENS, FL 33418 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: VP () Delete
Name: DEL DEO, RALPH
Address: 265 FAIRVIEW ROAD
City-St-Zip: PALM BEACH, FL 33480

Title: S () Delete
Name: CONROY, MICHELLE
Address: 6026 ADAMS STREET
City-St-Zip: JUPITER, FL 33458

Title: P () Delete
Name: COLLIER, DOROTHY
Address: 13416 BURTON TERRACE
City-St-Zip: WELLINGTON, FL 33414

Title: TD () Delete
Name: ADAMS, VINCENT F
Address: 8357 DAMASCUS DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: D () Delete
Name: STREICHER, JUDSON
Address: 5223 ESTATES DR
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: DAVIS, MARIE
Address: 3001 LAKE DRIVE
City-St-Zip: SINGER ISLAND, FL 33404

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:

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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: VINCENT F ADAMS

TD

01/16/2009

Electronic Signature of Signing Officer or Director

Date