

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766652

FILED
Mar 13, 2009
Secretary of State

Entity Name: FLORIDA AUSTRALIAN SHEPHERD ASSOCIATION, INC.

Current Principal Place of Business:

5074 SIESTA DEL RIO DR.
JACKSONVILLE, FL 32258 US

New Principal Place of Business:

Current Mailing Address:

5074 SIESTA DEL RIO DR.
JACKSONVILLE, FL 32258 US

New Mailing Address:

FEI Number: 59-2372395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFIN, BRENDA K
5074 SIESTA DEL RIO DR.
JACKSONVILLE, FL 32258 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: V () Delete
Name: WHITTAKER, JUDY
Address: 1020 NW 44TH ST.
City-St-Zip: OCALA, FL 34475

Title: P () Delete
Name: JONES, LEIDA
Address: P.O. BOX 490525
City-St-Zip: LEESBURG, FL 34749

Title: S () Delete
Name: WATSON, NANCY
Address: 3045 RANCH PLACE BLVD.
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: D () Delete
Name: BROUGH, JANICE
Address: 1743 SW 22 TERRACE
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: DE LA TORRE, CHARLIE
Address: 9121 94TH AVENUE N.
City-St-Zip: SEMINOLE, FL 33777

Title: D () Delete
Name: MAGANOLA, MELANIE
Address: 3283 N.E. 106TH ST
City-St-Zip: ANTHONY, FL 32617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WHITTAKER, JUDY
Address: 1020 NW 44TH ST.
City-St-Zip: OCALA, FL 34475

Title: V (X) Change () Addition
Name: JONES, LEIDA
Address: P.O. BOX 490525
City-St-Zip: LEESBURG, FL 34749

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: BRENDA K. GRIFFIN

TREA

03/13/2009

Electronic Signature of Signing Officer or Director

Date