

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 24, 2006  
Secretary of State**

DOCUMENT# 767992

Entity Name: GULFCOAST SCHUTZHUND CLUB, INC.

**Current Principal Place of Business:**

13454 HAYS RD  
SPRING HILL, FL 34610 US

**New Principal Place of Business:**

**Current Mailing Address:**

13454 HAYS RD  
SPRING HILL, FL 34610 US

**New Mailing Address:**

FEI Number: 59-2387514      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NEFF, CHRISTINE K  
13454 HAYS RD  
SPRING HILL, FL 34610 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: PD ( ) Delete  
Name: NEFF, CHRISTINE  
Address: 13454 HAYS ROAD  
City-St-Zip: SPRING HILL, FL 34610 US

Title: VSD ( ) Delete  
Name: JERRY, GARBER M  
Address: P.O. BOX N/A  
City-St-Zip: CITRA, FL 32113 US

Title: TD ( ) Delete  
Name: NEFF, ERIC E  
Address: 13454 HAYS RD  
City-St-Zip: SPRING HILL, FL 34610 US

Title: SEC ( ) Delete  
Name: QUINN, STEVE  
Address: 37337 ORANGE BLOSSOM LANE  
City-St-Zip: DADE CITY, FL 33525 US

**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:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTINE NEFF

PD

04/24/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date