

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767992

FILED
May 19, 2008
Secretary of State

Entity Name: GULFCOAST SCHUTZHUND CLUB, INC.

Current Principal Place of Business:

2125 KAREN DRIVE
LUTZ, FL 33558 US

New Principal Place of Business:

Current Mailing Address:

2125 KAREN DRIVE
LUTZ, FL 33558 US

New Mailing Address:

FEI Number: 59-2387514 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HUFFMAN, ELIZABETH B
2125 KAREN DRIVE
LUTZ, FL 33558 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: HUFFMAN, ELIZABETH
Address: 2125 KAREN DRIVE
City-St-Zip: LUTZ, FL 33558 US

Title: VSD () Delete
Name: NEFF, CHRISTINE
Address: 50510 MARTIN ROAD
City-St-Zip: BARNES, WI 54873 US

Title: TD () Delete
Name: CHRISTY, JASON
Address: 4131 HEADSAIL DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: SEC () Delete
Name: ROBBINS, NORA
Address: 7815 ROTTINGHAM ROAD
City-St-Zip: PORT RICHEY, FL 34668 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 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: ELIZABETH HUFFMAN

PD

05/19/2008

Electronic Signature of Signing Officer or Director

Date