

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769487

FILED
Feb 25, 2009
Secretary of State

Entity Name: DOG OBEDIENCE CLUB OF LEE COUNTY, INC.

Current Principal Place of Business:

3280 MARION STREET
FT. MYERS, FL 33916 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 60821
FT. MYERS, FL 33906 US

New Mailing Address:

FEI Number: 59-2349750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COVYEAU, DEBRA
7981 DENI DR NE
NORTH FORT MYERS, FL 33917 US

Name and Address of New Registered Agent:

BROOK, CHERYL
220 SE 19TH TERRACE
CAPE CORAL, FL 33990 US

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: CHERYL BROOK

02/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WARING, JOSEPH R
Address: 3434 S.W. 5TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: CS () Delete
Name: DAVIS, SUE E
Address: 20400 WILLIAMS DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: TD () Delete
Name: COVYEAU, DEBRA J
Address: 7981 DENI DR NE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: S () Delete
Name: KOBEL, GENTRY
Address: 19621 N. TAMIAMI TRAIL #35
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VD (X) Delete
Name: BELL, TERRI
Address: 15630 BRIAR PATCH LANE
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: BROOK, CHERYL L
Address: 220 SE 19TH TERRACE
City-St-Zip: CAPE CORAL, FL 33990

Title: VD (X) Change () Addition
Name: BELL, TERRI
Address: 15630 BRIAR PATCH LANE
City-St-Zip: FORT MYERS, FL 33912

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: CHERYL BROOK

TD

02/25/2009

Electronic Signature of Signing Officer or Director

Date