

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90023 043 ***150.00

DOCUMENT # F12404

1. Entity Name
**GERMAN SHORTHAIRED POINTER CLUB OF NORTH
FLORIDA, INC.**



Principal Place of Business
**C/O STEVEN HERMAN
13945 5TH STREET
DADE CITY, FL 33525 US**

Mailing Address
**C/O STEVEN HERMAN
13945 5TH STREET
DADE CITY, FL 33525 US**



2. Principal Place of Business
**Public Defender Office
C/O Steven Herman
Sixth Judicial Circuit of FL
Pasco Co. Courthouse**

3. Mailing Address
**C/O Steven Herman
Public Defender Office
Sixth Judicial Circuit
of FL, Pasco Co. Courthouse**

02292004 Chg-P CR2E034 (10/03)

City & State
DADE CITY FL

City & State
DADE CITY FL

4. FEI Number
59-2713605

Applied For
☐ Not Applicable

Zip Country
33523 USA

Zip Country
33523

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HERMAN, STEVEN
13945 5TH STREET
DADE CITY, FL 33525**

7. Name and Address of New Registered Agent

Name
**C/O Steven Herman
Public Defender Office**
Street Address (P.O. Box Number is Not Acceptable)
**Sixth Judicial Circuit of FL
Pasco County Courthouse
38053 Live Oak Ave**
City
DADE CITY FL Zip Code
33523

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHARRON, TERRI 24216 NW 62 AVE ALACHUA, FL 32615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACOBS, REBECCA 7178 NACHEZ CT NORTH PORT, FL 34287	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMPSON, DOROTHY H 1541 BRIGHAM LOOP GENEVA, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KNOUFF, TODD P.O. BOX 1604 NEWBERRY, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRISON, SUSAN 1004 SE 6 ST FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vice President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other lines empowered.

SIGNATURE:

Dorothy H. Thompson 3/30/04 407-349-4871
TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #