

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90099 008 \*\*\*\*61.25

DOCUMENT # N00000000361

1. Entity Name

MILLENNIUM DOG PARK, INC.



Principal Place of Business

2513 SE 32ND AVE  
OCALA FL 34471

Mailing Address

4260 SE 53RD AVE  
OCALA FL 34480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3656476

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOWLES, LETTY M  
4260 S.E. 53RD AVE  
OCALA FL 34480

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME TOWLES, LETTY M  
STREET ADDRESS 2862 NORTH EAST PLACE  
CITY-ST-ZIP Ocala FL 34479

TITLE D ☐ Delete  
NAME HORNBY, LORI  
STREET ADDRESS 550 NORTH EAST 25TH AVE  
CITY-ST-ZIP Ocala FL 33470

TITLE D ☐ Delete  
NAME ANDERSON, PAT  
STREET ADDRESS 5010 NE 7TH PLACE  
CITY-ST-ZIP Ocala FL 34470

TITLE D ☒ Delete  
NAME LAFRANCE, LINDA  
STREET ADDRESS 16925 SE 165TH AVE  
CITY-ST-ZIP WEIRSDALE FL 32195

TITLE D ☐ Delete  
NAME DAWN, RANDALL  
STREET ADDRESS 1800 SE 39TH ST, APT D  
CITY-ST-ZIP Ocala FL 34480

TITLE D ☒ Delete  
NAME SEMELKA, JOY  
STREET ADDRESS 906 HICKORY RD  
CITY-ST-ZIP Ocala FL 34472

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition  
NAME DOT SWEENEY  
STREET ADDRESS 10931 S.W. 84th Avenue  
CITY-ST-ZIP Ocala, FL 34481

TITLE D ☐ Change ☒ Addition  
NAME BEVERLY DOMKE  
STREET ADDRESS 11539 S.W. 89th Court  
CITY-ST-ZIP Ocala, FL 34481

TITLE D ☐ Change ☒ Addition  
NAME MAUREEN SULLIVAN  
STREET ADDRESS 2085 S.E. 50th Terrace  
CITY-ST-ZIP Ocala, FL 34471

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 617, 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 information.

SIGNATURE:

*[Handwritten Signature]*