# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Jan 31, 2008 8:00 am**
**Secretary of State**
01-31-2008 90033 017 ****61.25

DOCUMENT # N00000000361

1. Entity Name

MILLENNIUM DOG PARK, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2513 SE 32ND AVE<br>OCALA FL 34471 | 4260 SE 53RD AVE<br>OCALA FL 34480 |

1st MOORE CR2E037 (10/07)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | P.O. BOX 5522<br>Suite, Apt. #, etc. |
| City & State | City & State: OCALA, FL 34478-5522 |
| Zip / Country | Zip / Country: USA |

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<br>4260 S.E. 53RD AVE<br>OCALA FL 34480 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE

Signature, typed or printed name of registered agent and title if agent is an entity. (NOTE: Registered Agent signature required by law.)

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2008**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>TOWLES, LETTY M<br>2862 NE 31ST PL<br>OCALA FL 34479 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | BETTY GALL ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>HUGHES, BETH<br>412 NORTH EAST 26TH AVENUE<br>OCALA FL 34470 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HORNE, CAROLYN<br>4977 S.E. 44TH COURT<br>OCALA FL 34480 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | RS<br>SWEENEY, DOT<br>10931 SW 84TH AVE<br>OCALA FL 34481 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>SULLIVAN, MAUREEN<br>2085 SOUTHEAST 50TH TERRACE<br>OCALA FL 34471 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CS<br>DOMKE, BEVERLY<br>11539 SW 89TH CT<br>OCALA FL 34481 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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 like empowered.

**SIGNATURE:** LETTY TOWLES