2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000003296

FILED Mar 24, 2007 Secretary of State

Entity Name: NORTH FLORIDA SCHUTZHUND CLUB, INC.

	•	New Principal Place of Business:
Current M	lailing Address:	New Mailing Address:
FEI Number:	: FEI Number Applied For()	FEI Number Not Applicable (X) Certificate of Status Desired ()
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
11110 W. I	HIGHWAY 318	
		e purpose of changing its registered office or registered agent, or bo
SIGNATUR	### FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () ### and Address of Current Registered Agent: MMERMAN, SHELLY	
	Electronic Signature of Registered	Agent Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECT
Title: Name: Address: City-St-Zip:	TIMMERMAN, SHELLY 11110 W. HIGHWAY 318	Name: Address:
Title: Name: Address: City-St-Zip:	THEEN, RANDY 1308 WILSHIRE CT. S.	Name: THEEN, RANDY Address: 1308 WILSHIRE CT. S.
Title: Name: Address: City-St-Zip:	SUNDSTROM, DEBBY 13514 SW 89 AVE	Name: Address:
Title: Name: Address: City-St-Zip:	MARKOWSKÌ, TIM 14216 SAYBROOK FALLS CT	Name: Address:
Title: Name: Address: City-St-Zip:	DELGADO, LUÍS 858 SW 58 TERRACE	Name: DELGADO, LUÍS Address: 7186 SW 103 CT CIRCLE
Title: Name: Address: City-St-Zip:	ABNER, CHERIE POST OFFICE BOX 52	Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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: SHELLY TIMMERMAN DS 03/24/2007