

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004004

FILED
Jan 24, 2008
Secretary of State

Entity Name: FLORIDA GREAT PYRENEES CLUB, INC.

Current Principal Place of Business:

14208 NW 61ST LANE
GAINESVILLE, FL 32653

New Principal Place of Business:

Current Mailing Address:

14208 NW 61ST LANE
GAINESVILLE, FL 32653

New Mailing Address:

FEI Number: 59-3653512 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TREGEAR, TONI
14208 NW 61ST LANE
GAINESVILLE, FL 32653 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HANNAN, DARLENE
Address: 4508 WEST MCELROY AVENUE
City-St-Zip: TAMPA, FL 33611

Title: VP () Delete
Name: SANDLAK, DAVID
Address: 5715 FRONTIER DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: S () Delete
Name: CONYERS, DEBBIE
Address: 41445 THOMAS BOAT LANDING ROAD
City-St-Zip: UMATILLA, FL 32784

Title: T () Delete
Name: TREGEAR, TONI
Address: 14208 NW 61ST LANE
City-St-Zip: GAINESVILLE, FL 32653

Title: D () Delete
Name: WINEGARD, SHARON
Address: POST OFFICE BOX 725
City-St-Zip: AVON PARK, FL 33826

Title: D () Delete
Name: SABETTA, RONALD
Address: 14208 NW 61ST LANE
City-St-Zip: GAINESVILLE, FL 32653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: TONI TREGEAR

T

01/24/2008

Electronic Signature of Signing Officer or Director

Date