2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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DOCUMENT # N01000000283 **Secretary of State** 1. Entity Name 07-15-2004 90007 035 ****61.25 INTERNATIONAL ASSOCIATION OF CANINE PROFESSIONALS, INC. Principal Place of Business Mailing Address 15549 VINOLA DR. MONTVERDE FL 34756 15549 VINOLA DR. MONTVERDE FL 34756 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-3688227 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DEELEY, MARTIN D Street Address (P.O. Box Number is Not Acceptable) 15549 VÍNOLA DR. MONTVERDE FL 34756 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 little if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Due By May 1, 2004 Trust Fund Contribution. Florida Department of State. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. EDP ☐ Change ★★ Addition TITLE Delete TITLE DEELEY, MARTIN D NAME NAME GINA LYN HAYES 15549 VINOLA DR. STREET ADDRESS STREET ADDRESS MONTVERDE FL 34756 Vineyard Haven, MA 02568 CITY-ST-ZIP CITY-ST-ZIP DΛ Addition ☐ Delete TITLE ☐ Change TITLE STULL, JAY GEORGE COCKRELL NAME NAME 1443 FARMSIDE DR. 4308 KNOWLES AVENUE STREET ADDRESS STREET ADDRESS FORISTELL MO 63348 CITY-ST-ZIP CITY-ST-ZIP KENSINGTON, MD 20895 ☐ Change XX Addition ΠΠF ☐ Delete TRICHTER, PAT NAME NAME BOB JERVIS __ ... 15549 VINOLA DRIVE STREET ADDRESS STREET ADDRESS 221 MORRISON ROAD MONTVERDE FL 34756 CfTY-ST-7/P CITY-ST-ZiP COLUMBUS, OH 43213 បាក F ☐ Delete ☐ Change XIX Addition TITLE BERGMAN, VIVIAN BABETTE BRENNAN HAGGERTY NAME NAME 3 HERSHEY RD STREET ADDRESS STREET ADDRESS 17189 THUNDER ROAD **WAYNE NJ 07470** CITY-ST-ZIP CITY-ST-ZIP JUPITER, FL 33478 ☐ Addition TITLE ☐ Delete MACFARLANE, ROBIN NAME 1619 HWY 11 STREET ADDRESS STREET ADDRESS HAZEL GREEN WI 53811 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TIRE DOUAN, CYNDY NAME NAME 151 PRATER RD STREET ADDRESS STREET ADDRESS KINGSTON GA 30145-1828 CITY-ST-ZIP CITY-ST-ZIP 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 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.

FILED

Jul 15, 2004 8:00 am

Pat Trichter/Director 7-12-04 407-469-5583