

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000283

FILED
Feb 05, 2009
Secretary of State

Entity Name: INTERNATIONAL ASSOCIATION OF CANINE PROFESSIONALS, INC.

Current Principal Place of Business:

15549 VINOLA DR.
MONTVERDE, FL 34756

New Principal Place of Business:

Current Mailing Address:

15549 VINOLA DR.
MONTVERDE, FL 34756

New Mailing Address:

P.O. BOX 560156
MONTVERDE, FL 34756

FEI Number: 59-3688227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEELEY, MARTIN D
15549 VINOLA DR.
MONTVERDE, FL 34756 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: ED () Delete
Name: DEELEY, MARTIN D
Address: 15549 VINOLA DR.
City-St-Zip: MONTVERDE, FL 34756 US

Title: DP () Delete
Name: DOUAN, CYNDY
Address: 151 PRATER ROAD
City-St-Zip: KINGSTON, GA 30145 US

Title: DT () Delete
Name: TRICHTER, PAT
Address: 15549 VINOLA DRIVE
City-St-Zip: MONTVERDE, FL 34756 US

Title: D () Delete
Name: JERVIS, BOB
Address: 221 MORRISON RD.
City-St-Zip: COLUMBUS, OH 43243 US

Title: D () Delete
Name: MACKIN, CHAD
Address: 2782 FOREST POINT
City-St-Zip: LEAGUE CITY, TX 77573 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DP (X) Change () Addition
Name: MARC, GOLDBERG
Address: 9N584 BOWES BEND DRIVE
City-St-Zip: ELGIN, IL 60124

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: PAT TRICHTER

T;D

02/05/2009

Electronic Signature of Signing Officer or Director

Date