

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000283

FILED
Feb 15, 2012
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:

P.O. BOX 560156
MONTVERDE, FL 34756

New Mailing Address:

P.O. BOX 560156
MONTVERDE, FL 34756-015 US

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

Title: D
Name: COLLINS, DENISE
Address: 125 CROSBY CT #2
City-St-Zip: WALNUT CREEK, CA 94598 US

Title: D
Name: TRICHTER, PAT
Address: 15549 VINOLA DRIVE
City-St-Zip: MONTVERDE, FL 34756 US

Title: D
Name: HARTSELL, BRUCE
Address: 15193 VERDON ROAD
City-St-Zip: BEAVERDAM, VA 23015 US

Title: DP
Name: MACKIN, CHAD
Address: 125 N. JACKSON
City-St-Zip: BATAVIA, IL 60150 US

Title: D
Name: JUSTICE, GAYLE
Address: 206 PANORAMA LOOP
City-St-Zip: WAXAHACHIE, TX 75165

I hereby 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 all other like empowered.

SIGNATURE: PAT TRICHTER

D

02/15/2012

Electronic Signature of Signing Officer or Director

Date