

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 25, 2005 8:00 am**  
**Secretary of State**

08-25-2005 90002 040 \*\*\*\*61.25

**DOCUMENT # N01000003442**

1. Entity Name  
**BROWARD SCHUTZHUND CLUB, INC.**



Principal Place of Business  
**2240 SHOTGUN ROAD  
DAVIE, FL 33326**

Mailing Address  
**2240 SHOTGUN ROAD  
DAVIE, FL 33326**

**50063311**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08132005

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**65-1121703**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BARKUS, MIRIAM  
2240 SHOTGUN ROAD  
DAVIE, FL 33326**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME BARKUS, MIRIAM  
STREET ADDRESS 2240 SW 154 AVE  
CITY-ST-ZIP DAVIE, FL 33326

TITLE VD ☐ Delete  
NAME BOSSART, CINDI  
STREET ADDRESS 1630 E OAKLAND PARK BLVD  
CITY-ST-ZIP FT LAUDERDALE, FL 33334

TITLE SD ☐ Delete  
NAME VAN HEUSEN, RON  
STREET ADDRESS 18832 SW 55TH ST.  
CITY-ST-ZIP MIRAMAR, FL 33029

TITLE TD ☒ Delete  
NAME DONADI-BLOOD, SARA  
STREET ADDRESS 7910 KIMBERLY BLVD.  
CITY-ST-ZIP NORTH LAUDERDALE, FL 33068

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Change ☒ Addition  
NAME Margaret Cleary Spencer  
STREET ADDRESS 21220 NE 26 Avenue  
CITY-ST-ZIP Miami, FL 33180

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Miriam R. Barkus* MIRIAM R. BARKUS 8/13/05 (954) 476-1144