

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006580

FILED  
Apr 30, 2005  
Secretary of State

Entity Name: GULF COAST TERRIER CLUB, INC.

**Current Principal Place of Business:**

528 PENNVIEW AVE  
LEHIGH ACRES, FL 33936

**New Principal Place of Business:**

**Current Mailing Address:**

528 PENNVIEW AVE  
LEHIGH ACRES, FL 33936

**New Mailing Address:**

FEI Number: 13-4209609

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOODWIN, MELISA  
528 PENNVIEW AVE  
LEHIGH ACRES, FL 33936 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: PD ( ) Delete  
Name: ASH, WAYNE JR  
Address: 1000 CHAMPION AVE  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: VD ( ) Delete  
Name: GOODWIN, CRAIG  
Address: 528 PENNVIEW AVE  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: SD ( ) Delete  
Name: ASH, VANESSA  
Address: 1000 CHAMPION AVE  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: TD ( ) Delete  
Name: GOODWIN, MELISA  
Address: 528 PENNVIEW AVE  
City-St-Zip: LEHIGH ACRES, FL 33936

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MELISA GOODWIN

TD

04/30/2005

Electronic Signature of Signing Officer or Director

Date