

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001156

FILED
Apr 22, 2008
Secretary of State

Entity Name: CITRUS CAPITAL PEKINGESE CLUB OF CENTRAL FLORIDA INC.

Current Principal Place of Business:

2715 WIREGRASS RD
LAKELAND, FL 33810 US

New Principal Place of Business:

Current Mailing Address:

2715 WIREGRASS RD
LAKELAND, FL 33810 US

New Mailing Address:

FEI Number: 59-3628442 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAULKNER, DEBRA
2715 WIREGRASS RD
LAKELAND, FL 33810 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: TD () Delete
Name: FAULKNER, DEBRA
Address: 2715 WIREGRASS RD
City-St-Zip: LAKELAND, FL 33810

Title: D () Delete
Name: TUCKER, JANET
Address: 9295 127TH DR
City-St-Zip: LIVE OAK, FL 32060

Title: SD () Delete
Name: PAYANT, MORRIS
Address: 115 N.W. 123RD STREET
City-St-Zip: NEWBERRY, FL 32669

Title: PD () Delete
Name: FAULKNER, BRADY
Address: 2715 WIREGRASS RD
City-St-Zip: LAKELAND, FL 33810

Title: D () Delete
Name: RENIHAN, DAVID
Address: 9161 159TH COURT N.
City-St-Zip: JUPITER, FL 33478

Title: D () Delete
Name: RENIHAN, T. DIANE
Address: 9161 159TH COURT N.
City-St-Zip: JUPITER, FL 33478

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:

Title: VD (X) Change () Addition
Name: WELLS, ZOE
Address: 1426 S.W. GOODMAN AVE
City-St-Zip: PORT ST LUCIE, FL 34953

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: DEBRA FAULKNER

TD

04/22/2008

Electronic Signature of Signing Officer or Director

Date