

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001156

FILED  
Apr 13, 2009  
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: VD ( ) Delete  
Name: WELLS, ZOE  
Address: 1426 S.W. GOODMAN AVE  
City-St-Zip: PORT ST LUCIE, FL 34953

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: ( ) 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: DEBRA FAULKNER

TD

04/13/2009

Electronic Signature of Signing Officer or Director

Date