

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90018 031 \*\*\*\*61.25

**DOCUMENT # N04000010645**

1. Entity Name  
**UNITED SUNSHINE STATE PORTUGUESE WATER DOG, INC.**



Principal Place of Business  
**21081 NE 2ND PL  
WILLISTON, FL 32696**

Mailing Address  
**3124 SHELTER AVE  
GAINESVILLE, GA 30506**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
**310 OSBORNE STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**SAINT MARYS, GA**

Zip

Country

Zip  
**31558**

Country  
**USA**

02272008

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**20-0699931**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MARTIN, MARTHA M TREAS  
21081 NE 2ND PLACE  
WILLISTON, FL 32696**

7. Name and Address of New Registered Agent

Name **BETH MERCIER, TREASURER**

Street Address (P.O. Box Number is Not Acceptable)  
**21081 NE 2ND PLACE**

City  
**WILLISTON**

FL

Zip Code  
**32696**

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]*

**BETH MERCIER TREASURER**

**3-28-08**

(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 May 1, 2008**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>CAWLEY, ROY<br>21081 NE 2ND PL<br>WILLISTON, FL 32696        | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>DEFORE, MEG<br>2401 WILDERNESS DR S<br>FORT PIERCE, FL 34982 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>LESHER, PAM<br>375 WELLINGTON AVE<br>OLDSMAR, FL 34677       | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>MARTIN, MARTHA<br>3124 SHELTER COVE<br>GAINESVILLE, GA 30506 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>STERN, GARY<br>3124 SHELTER COVE<br>GAINESVILLE, GA 30506     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CAWLEY, BARBARA<br>21081 NE 2ND PL<br>WILLISTON, FL 32696     | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TREASURER<br>MERCIER, BETH<br>310 OSBORNE STREET<br>SAINT MARYS, GA 31558  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PRESIDENT  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DIRECTOR   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SECRETARY<br>ALLINGHAM, LOU<br>1091 SE BUTTWOOD CIRCLE<br>STUART, FL 34997 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DIRECTOR<br>BYRUM III, PAUL<br>4921 LYFORD CAY ROAD<br>TAMPA, FL 33629     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VICE PRESIDENT   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]*

**BETH MERCIER**

**3-28-08**

**912-552-7770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT  
40058844  
#N04000010645

UNITED SUNSHINE STATE PORTUGUESE WATER DOG, INC.  
DOCUMENT # N04000010645

ADDITIONAL DIRECTORS 2007

|                |                     |        |
|----------------|---------------------|--------|
| TITLE          | D                   |        |
| NAME           | BURMEISTER, LUCILLE | Delete |
| STREET ADDRESS | 13300 SW 109 CT     |        |
| CITY-ST-ZIP    | MIAMI, FL 33176     |        |

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | D                        |  |
| NAME           | LEATHER, JUDY            |  |
| STREET ADDRESS | 510 KINCAID CEMETARY RD. |  |
| CITY-ST-ZIP    | COLBERT, GA 30628        |  |

|                |                    |        |
|----------------|--------------------|--------|
| TITLE          | D                  |        |
| NAME           | HOCH, HOPE         | Delete |
| STREET ADDRESS | 375 WELLINGTON AVE |        |
| CITY-ST-ZIP    | OLDSMAR, FL 34677  |        |

|                |                    |        |
|----------------|--------------------|--------|
| TITLE          | D                  |        |
| NAME           | ZUSMAN, PHYLLIS    | Delete |
| STREET ADDRESS | 111 S. HALE AVENUE |        |
| CITY-ST-ZIP    | TAMPA, FL 33609    |        |

ATTACHMENT

40058844

# N04000010645

UNITED SUNSHINE STATE PORTUGUESE WATER DOG, INC.  
DOCUMENT # N04000010645

ADDITIONAL DIRECTORS 2008

|                |                           |          |
|----------------|---------------------------|----------|
| TITLE          | Director                  |          |
| NAME           | Konga, Annette-Claire     | Addition |
| STREET ADDRESS | 7042 Grand Blvd.          |          |
| CITY-ST-ZIP    | New Port Richey, FL 34652 |          |

|                |                       |          |
|----------------|-----------------------|----------|
| TITLE          | Director              |          |
| NAME           | Crabtree, Bonnie      | Addition |
| STREET ADDRESS | 1700 Daytonia Road    |          |
| CITY-ST-ZIP    | Miami Beach, FL 33141 |          |