

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010645

FILED
Apr 03, 2009
Secretary of State

Entity Name: UNITED SUNSHINE STATE PORTUGUESE WATER DOG, INC.

Current Principal Place of Business:

21081 NE 2ND PL
WILLISTON, FL 32696

New Principal Place of Business:

Current Mailing Address:

310 OSBORNE ST
SAINT MARYS, GA 31558

New Mailing Address:

FEI Number: 20-0699931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERCIER, BETH TREA.
21081 NE 2ND PL
WILLISTON, FL 32696 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: T () Delete
Name: MERCIER, BETH
Address: 310 OSBORNE ST
City-St-Zip: SAINT MARYS, GA 31558

Title: P () Delete
Name: DEFORE, MEG
Address: 2401 WILDERNESS DR S
City-St-Zip: FORT PIERCE, FL 34982

Title: D () Delete
Name: LESHER, PAM
Address: 375 WELLINGTON AVE
City-St-Zip: OLDSMAR, FL 34677

Title: S () Delete
Name: ALLINGHAM, LOU
Address: 1091 SE BUTTONWOOD CIR
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: BYRUM III, PAUL
Address: 4921 LYFORD CAY RD
City-St-Zip: TAMPA, FL 33629

Title: VP () Delete
Name: CAWLEY, BARBARA
Address: 21081 NE 2ND PL
City-St-Zip: WILLISTON, FL 32696

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
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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: BETH MERCIER

T

04/03/2009

Electronic Signature of Signing Officer or Director

Date