

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04095

FILED
Feb 11, 2007
Secretary of State

Entity Name: DOG OBEDIENCE CLUBS OF FLORIDA, INC.

Current Principal Place of Business:

2745 HAAS ROAD
APOPKA, FL 327125127

New Principal Place of Business:

Current Mailing Address:

2745 HAAS ROAD
APOPKA, FL 327125127

New Mailing Address:

FEI Number: 59-3001594 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANDY, SUSAN
2745 HAAS ROAD
APOPKA, FL 327125127 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: GROTHEER, NANCY
Address: 4281 CRESTDALE STREET
City-St-Zip: PALM BEACH GARDENS, FL

Title: VD () Delete
Name: ESLINGER, MAGGIE
Address: 6971 GREEN SWAMP ROAD
City-St-Zip: CLERMONT, FL 34711

Title: T () Delete
Name: HANDY, SUSAN
Address: 2745 HAAS ROAD
City-St-Zip: APOPKA, FL 327125127

Title: SECT () Delete
Name: KOSHAR, CLAIRE
Address: 1165 EAST PLANT ST SUITE 2
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: LACETTE, PJ
Address: 50 EDGEMON AVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SECT (X) Change () Addition
Name: KOSHAR, CLAIRE
Address: 15318 VINOLA PLACE
City-St-Zip: MONTVERDE, FL

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN HANDY

Electronic Signature of Signing Officer or Director

T

02/11/2007

Date