

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002339

FILED  
Jan 19, 2006  
Secretary of State

**Entity Name:** CENTRAL FLORIDA POLISH LOWLAND SHEEPDOG FANCIERS' CLUB, INC.

**Current Principal Place of Business:**

2090 MOHICAN TRAIL  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

2090 MOHICAN TRAIL  
MAITLAND, FL 32751

**New Mailing Address:**

**FEI Number:** 20-2535574

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NEWNHAM, ELAINE  
2090 MOHICAN TRAIL  
MAITLAND, FL 32751 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: P ( ) Delete  
Name: SCHWEIZER, N.A. PHD  
Address: 1220 GLEN ROYAL TER  
City-St-Zip: DELAND, FL 32720

Title: V ( ) Delete  
Name: MUNSEY, WILLIAM H  
Address: 6402 KNIGHTS GRIFFIN RD  
City-St-Zip: PLANT CITY, FL 33565

Title: S ( ) Delete  
Name: NEWNHAM, ELAINE  
Address: 2090 MOHICAN TRAIL  
City-St-Zip: MAITLAND, FL 32751

Title: T ( ) Delete  
Name: NEWNHAM, DONALD F  
Address: 2090 MOHICAN TRAIL  
City-St-Zip: MAITLAND, FL 32751

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: V (X) Change ( ) Addition  
Name: GILCHRIST, WILLIAM  
Address: 1341 SE 9TH AVE.  
City-St-Zip: POMPANO BEACH, FL 33060

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 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: ELAINE NEWNHAM

S

01/19/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date