

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002339

FILED
Apr 28, 2008
Secretary of State

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

Current Principal Place of Business:

1341 SE 9TH AVE
POMPANO BEACH, FL 33060 US

New Principal Place of Business:

Current Mailing Address:

1341 SE 9TH AVE
POMPANO BEACH, FL 33060 US

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:

GILCHRIST, JR., WILLIAM R PRES.
1341 SE 9TH AVE.
POMPANO BEACH, FL 33060 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: VP () Delete
Name: SCHWEIZER, N.A. PHD
Address: 1220 GLEN ROYAL TER
City-St-Zip: DELAND, FL 32720

Title: PRES () Delete
Name: GILCHRIST, JR, WILLIAM R
Address: 1341 SE 9TH AVE.
City-St-Zip: POMPANO BEACH, FL 33060

Title: S () Delete
Name: PRIZMONTE, JOANNE
Address: 4812 AMSBURY CT.
City-St-Zip: ORLANDO, FL 32817

Title: T () Delete
Name: ROSENBAUM, HELENE F
Address: 9910 MENANDER WOOD CT.
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: CLARK, DIANE M DR.
Address: 191 WELLINGTON DRIVE
City-St-Zip: PALM COAST, FL 32164

Title: D (X) Delete
Name: CARLSON, MAUREEN
Address: 6915 LANGLEY PLACE
City-St-Zip: UNIVERSITY PARK, FL 34210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: MUNSEY, WILLIAM
Address: 1220 GLEN ROYAL TER
City-St-Zip: DELAND, FL 32720

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

Title: () Change () Addition
Name:
Address:
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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: WILLIAM R GILCHRIST JR

PRES

04/28/2008

Electronic Signature of Signing Officer or Director

Date