2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N05000005917

Entity Name: PANHANDLE GERMAN SHORTHAIRED POINTER CLUB, INC.

Current Principal Place of Business:

5125 HIGH BRIDGE RD
QUINCY, FL 32351

New Principal Place of Business:

Current Mailing Address:

8626 BRISTOLWOOD CIRCLE
NAVARRE, FL 32566

New Mailing Address:

5125 HIGH BRIDGE RD
QUINCY, FL 32351

FEI Number: 20-3001261 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EUSTACE, JAMES A
8626 BRISTOLWOOD CIRCLE
NAVARRE, FL 32566 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: D ( ) Delete
Name: CARMODY, MIKE
Address: 3023 RIVER RD
City-St-Zip: NAVARRE, FL 32566

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P ( ) Change (X) Addition
Name: KNOUFF, TODD
Address: 5125 HIGH BRIDGE RD
City-St-Zip: QUINCY, FL 32351

Title: V ( ) Change (X) Addition
Name: EUSTACE, JAMES
Address: 8626 BRISTOLWOOD CIRCLE
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Change (X) Addition
Name: WITT, JEFF
Address: 1034 TROON DR, E.
City-St-Zip: NICEVILLE, FL 32578

Title: T ( ) Change (X) Addition
Name: GRANT, LINWOOD C
Address: 1297 CALCUTTA DRIVE
City-St-Zip: GULF BREEZE, FL 32563

Title: S ( ) Change (X) Addition
Name: WILSON, MOLLY
Address: 210 MILL BRANCH ROAD
City-St-Zip: TALLAHASSEE, FL 32312

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: LINWOOD C. GRANT T 01/16/2009

Electronic Signature of Signing Officer or Director — Date