2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# N05000012507

Entity Name: HURRICANE ALLEY AMERICAN HAIRLESS TERRIER ASSOCIATION, INC.

Current Principal Place of Business:

31415 PASCO ROAD
SAN ANTONIO, FL 33576

New Principal Place of Business:

Current Mailing Address:

31415 PASCO ROAD
SAN ANTONIO, FL 33576

New Mailing Address:

FEI Number: 76-0810078 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PINGEL, KARYN S
31415 PASCO ROAD
SAN ANTONIO, FL 33576 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:	PINGEL, KARYN S	
Address:	31415 PASCO ROAD	
City-St-Zip:	SAN ANTONIO, FL 33576	
Title:	VP	( ) Delete
Name:	TRAPP, JO	
Address:	1272 KENWORTH DR.	
City-St-Zip:	APOPKA, FL 32712	
Title:	T	( ) Delete
Name:	TURNER, JOHN M	
Address:	988 LIVE OAK RD	
City-St-Zip:	ARAGON, GA 30104	
Title:	S	( ) Delete
Name:	PEREZ-CEELY, MARIA	
Address:	2162 QUIET CREEK PLACE	
City-St-Zip:	ROCK HILLIO, SC 29732	
Title:	D	( ) Delete
Name:	WHITE, VERYL	
Address:	4826 GACHET BLVD. S	
City-St-Zip:	LAKELAND, FL 33813	
Title:	D	( ) Delete
Name:	BRUNNEAU, PAUL	
Address:	4093 LYNBROOK DR.	
City-St-Zip:	ZEPHYTHILLS, FL 33540	

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
Name:	
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: JOHN MICHAEL TURNER T 01/05/2009

Electronic Signature of Signing Officer or Director — Date