

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001456

FILED  
Jan 10, 2009  
Secretary of State

**Entity Name:** SOUTHEAST GERMAN PINSCHER CLUB, INC.

**Current Principal Place of Business:**

1601 SUNSET DRIVE  
SEBRING, FL 338701504 US

**New Principal Place of Business:**

**Current Mailing Address:**

1601 SUNSET DRIVE  
SEBRING, FL 338701504 US

**New Mailing Address:**

**FEI Number:** 20-8430321

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VAN HORN, LAURA DR.  
1601 SUNSET DRIVE  
SEBRING, FL 338701504 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: VAN HORN, LAURA DR.  
Address: 1601 SUNSET DRIVE  
City-St-Zip: SEBRING, FL 338701504 US

Title: S ( ) Delete  
Name: POLNY, ANN  
Address: 5500 STATE ROAD 66  
City-St-Zip: SEBRING, FL 33875 US

Title: T ( ) Delete  
Name: FOSTER, DOROTHY  
Address: 1059 FERNVALE AVENUE  
City-St-Zip: SEBRING, FL 33870 US

**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:

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: DR. LAURA VAN HORN

P

01/10/2009

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

\_\_\_\_\_  
Date