

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N06000003942</b>	
1. Entity Name <b>CENTRAL FLORIDA GERMAN SHORTHAIRED POINTER CLUB, INC.</b>	

Principal Place of Business 1983 RANCLAND TRAIL LONGWOOD, FL 32750 US	Mailing Address 1983 RANCLAND TRAIL LONGWOOD, FL 32750 US
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**DO NOT WRITE IN THIS SPACE**



02292008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>20-4680431</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BHAME, WILLIAM E**  
**6616 257TH ST E**  
**MYAKKA CITY, FL 34251**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>JACOBS, REBECCA</b> <b>7178 NATCHEZ CT.</b> <b>NORTH PORT, FL 34287</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BHAME, WILLIAM E</b> <b>6616 257 ST E</b> <b>MYAKKA CITY, FL 34251</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T</b> <b>SEYBERT, PEG</b> <b>1983 RANCLAND TRAIL</b> <b>LONGWOOD, FL 32750</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000848223  
 03/20/08-80008-022 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *VP William E Bham*