

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007634

FILED
Jan 30, 2008
Secretary of State

Entity Name: SUNSHINE STATES BULLMASTIFF CLUB, INC.

Current Principal Place of Business:

5551 REISTERSTOWN RD
NORTH PORT, FL 34286

New Principal Place of Business:

5551 REISTERSTOWN RD
NORTH PORT, FL 34291

Current Mailing Address:

5551 REISTERSTOWN RD
NORTH PORT, FL 34286

New Mailing Address:

5551 REISTERSTOWN RD
NORTH PORT, FL 34291

FEI Number: 20-5231046

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAUSMAN, MELISSA
5551 REISTERSTOWN RD
NORTH PORT, FL 34286 US

Name and Address of New Registered Agent:

BAUSMAN, MELISSA
5551 REISTERSTOWN RD
NORTH PORT, FL 34291 US

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: MELISSA BAUSMAN

01/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALLENBRAND, VICKI
Address: 2654 CONIFER GREEN WAY
City-St-Zip: DACULA, GA 30019

Title: VP () Delete
Name: DIGUARDIA, JOYCE
Address: 1330 NW CRESCENT DR
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: SMITH, MELISSA
Address: 17468 INGRAM RD
City-St-Zip: FORT MYERS, FL 33967

Title: D () Delete
Name: ROBERTS, KATHY
Address: 6501 CEDAR WAY
City-St-Zip: ACWORTH, GA 30102

Title: D (X) Delete
Name: BURKE, KAREN
Address: 18 DORAL DR
City-St-Zip: SHALIMAR, FL 32579

Title: S, T () Delete
Name: BAUSMAN, MELISSA
Address: 5551 REISTERSTOWN RD
City-St-Zip: NORTH PORT, FL 34286

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: D (X) Change () Addition
Name: WILLS, HEATH
Address: 405 SAVANNAH LANE
City-St-Zip: MURPHY, NC 28906

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: MELISSA BAUSMAN

S

01/30/2008

Electronic Signature of Signing Officer or Director

Date