

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007634

FILED  
Jan 19, 2009  
Secretary of State

Entity Name: SUNSHINE STATES BULLMASTIFF CLUB, INC.

**Current Principal Place of Business:**

5551 REISTERSTOWN RD  
NORTH PORT, FL 34291

**New Principal Place of Business:**

**Current Mailing Address:**

5551 REISTERSTOWN RD  
NORTH PORT, FL 34291

**New Mailing Address:**

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 34291 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: 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: WILLS, HEATH  
Address: 405 SAVANNAH LANE  
City-St-Zip: MURPHY, NC 28906

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: WILLIAM, OFSHLAG  
Address: 13841 73RD ST N  
City-St-Zip: WEST PALM BEACH, FL 33412

Title: S (X) Change ( ) Addition  
Name: BAUSMAN, MELISSA  
Address: 5551 REISTERSTOWN RD  
City-St-Zip: NORTH PORT, FL 34291

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

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

SEC.

01/19/2009

\_\_\_\_\_  
Date