


FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90003 027 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N06000011046					
1. Entity Name BRADFORD COUNTY KENNEL CLUB, INC.					
Principal Place of Business 19638 NW 56 AVENUE STARKE, FL 32091			Mailing Address P.O. BOX 1125 STARKE, FL 32091		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 11-3792823	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITE, LOIS F 15914 NE 21 AVE STARKE, FL 32091				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 <u>Lois F. White</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZANE, HOWARD		NAME		
STREET ADDRESS	19638 NW 56 AVE		STREET ADDRESS		
CITY - ST - ZIP	STARKE, FL 32091		CITY - ST - ZIP		
TITLE	V P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEVENS, CAROL		NAME		
STREET ADDRESS	6769 LAURINA PLACE		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32216		CITY - ST - ZIP		
TITLE	TRES	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MONAGHAN, KAY		NAME		
STREET ADDRESS	5097 HESKETT LANE		STREET ADDRESS		
CITY - ST - ZIP	KEYSTONE HEIGHTS, FL 32656		CITY - ST - ZIP		
TITLE	SEC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITE, LOIS		NAME		
STREET ADDRESS	15914 NE 21 AVE.		STREET ADDRESS		
CITY - ST - ZIP	STARKE, FL 32091		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <u>Kay Monaghan</u>		KAY MONAGHAN		2/26/07 352-493-0302	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	