

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012474

FILED
Jan 07, 2009
Secretary of State

Entity Name: ANATOLIAN SHEPHERD DOGS INTERNATIONAL, INC.

Current Principal Place of Business:

5430 C. R. 634 SOUTH
BUSHNELL, FL 33513

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 429
BUSHNELL, FL 33513

New Mailing Address:

FEI Number: 52-1692639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALLESTER, HOLLY
5430 C. R. 634 SOUTH
BUSHNELL, FL 33513 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: FLOYD, JENNIFER
Address: P.O. BOX 915
City-St-Zip: JAMUL, CA 91935

Title: V () Delete
Name: RAYMOND, PAM
Address: 3525 GREATHOUSE RD
City-St-Zip: WAXAHACHIE, TX 75167

Title: SD () Delete
Name: HAYWARD, BETTY
Address: 11850 BRUIN DR
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: T () Delete
Name: BALLESTER, HOLLY
Address: P.O. BOX 1686
City-St-Zip: BUSHNELL, FL 33513

Title: D () Delete
Name: FRASCHE, JANICE
Address: 4145C WALNUT AVE
City-St-Zip: CARMICHAEL, CA 95608

Title: D () Delete
Name: CHALFEN, AUDREY
Address: P.O. BOX 154
City-St-Zip: NEW PORT RICHEY, FL 34654

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: HAYWARD, BETTY
Address: 2056 BEAR CREEK POINTE
City-St-Zip: COOKEVILLE, TN 38506

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: HOLLY BALLESTER

T

01/07/2009

Electronic Signature of Signing Officer or Director

Date