

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006687

FILED
Jan 05, 2009
Secretary of State

Entity Name: GREAT DANE CLUB OF NORTH CENTRAL FLORIDA, INC.

Current Principal Place of Business:

8300 SW 2ND CT
OCALA, FL 34476

New Principal Place of Business:

Current Mailing Address:

8300 SW 2ND CT
OCALA, FL 34476

New Mailing Address:

FEI Number: 26-0448435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUTCHINSON, JAN
8300 SW 2ND COURT
OCALA, FL 32738 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: WAGNER, TERRY
Address: 2281 ALTON ROAD
City-St-Zip: DELTONA, FL 32738

Title: V () Delete
Name: POTTER, JANE
Address: 2740 SW 7TH AVE
City-St-Zip: OCALA, FL 34374

Title: T () Delete
Name: HUTCHINSON, JAN
Address: 8300 SW 2ND COURT
City-St-Zip: OCALA, FL 34476

Title: S () Delete
Name: WAGNER, VALERIE
Address: 2281 ALTON ROAD
City-St-Zip: DELTONA, FL 32738

Title: D () Delete
Name: ST. PIERRE, VIVIAN
Address: 1641 RUTHLEDGE RD
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: GATTO, ANNE MARIE
Address: 18883 NW 114TH LOOP
City-St-Zip: OCALA, FL 34475

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: () Change () Addition
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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: JAN HUTCHINSON

T

01/05/2009

Electronic Signature of Signing Officer or Director

Date