

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2008 8:00 am**  
**Secretary of State**

2/1

02-11-2008 90066 040 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       |                                                                                     |                                                              |                                                                                                                                                                                                                    |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # N07000008400</b><br>1. Entity Name<br><b>MILITARY ORDER OF DEVIL DOGS POUND 230 FLORIDA<br/>PACK, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                       |                                                                                     |                                                              |                                                                                                                                                                                                                    |                                                                              |
| Principal Place of Business<br><b>8405 SUNSHINE GROVE RD<br/>BROOKSVILLE, FL 34613-4801</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                                                                     |                                                              | Mailing Address<br><b>8405 SUNSHINE GROVE RD<br/>BROOKSVILLE, FL 34613-4801</b>                                                                                                                                    |                                                                              |
| 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                                                      |                                                                                                                                                                                                                    |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>SARGES, CHARLES G<br/>8341 BOYCE ST<br/>SPRING HILL, FL 34806-2905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       |                                                                                     |                                                              | 7. Name and Address of New Registered Agent<br>Name <b>Manas Miller</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>15020 Middle Fairway Dr.</b><br>City <b>Spring Hill</b> <b>FL</b> <b>34609</b> |                                                                              |
| 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.<br><div style="display: flex; justify-content: space-between;"> <div>           SIGNATURE <u><i>Manas Miller</i></u><br/>           Signature, typed or printed name of registered agent and title if applicable.         </div> <div style="text-align: right;"> <u>1/28/08</u><br/>           DATE         </div> </div>                                                                                     |                                                                                       |                                                                                     |                                                              |                                                                                                                                                                                                                    |                                                                              |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                              | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                                                                                                             |                                                                              |
| <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       |                                                                                     |                                                              |                                                                                                                                                                                                                    |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> |                                                                                                                                                                                                                    |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>SARGES, CHARLES G PNDKEPR<br>8301 BOYCE ST GROVE RD<br>SPRING HILL, FL 346062905 | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | PNDKEPR<br>Manas Miller<br>15020 Middle Fairway Dr.<br>Spring Hill, FL 34609                                                                                                                                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>JUDE, ERIC G SVPDKPR<br>528 FIELDSTONE LN<br>SPRING HILL, FL 346065204           | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                  |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>PALERMO, LOUIS JVPDKPR<br>199 CENTER OAK CR<br>SPRING HILL, FL 346090244         | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                  |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | T<br>ROSS, ROBERT G<br>3441 GTOR TRAIL<br>SPRING HILL, FL 34604                       | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | Treasurer<br>James L. Sponheim<br>7278 Royal Oak Dr.<br>Spring Hill, FL 34607                                                                                                                                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                       |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                  |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                       |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                  |                                                                              |
| 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. |                                                                                       |                                                                                     |                                                              |                                                                                                                                                                                                                    |                                                                              |
| <b>SIGNATURE:</b> <u><i>Manas Miller</i></u> <b>Manas Miller, Pndk/</b> <u>1/28/08</u> <b>352-797-9523</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">X Date Daytime Phone #</span>                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                       |                                                                                     |                                                              |                                                                                                                                                                                                                    |                                                                              |

66003257



01162008 Chg-NP CR2E037 (12/06)

4. FEI Number **26-0577036** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

|                                                |                                                                                       |                                            |
|------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SARGES, CHARLES G PNDKEPR<br>8301 BOYCE ST GROVE RD<br>SPRING HILL, FL 346062905 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JUDE, ERIC G SVPDKPR<br>528 FIELDSTONE LN<br>SPRING HILL, FL 346065204           | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PALERMO, LOUIS JVPDKPR<br>199 CENTER OAK CR<br>SPRING HILL, FL 346090244         | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>ROSS, ROBERT G<br>3441 GTOR TRAIL<br>SPRING HILL, FL 34604                       | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                       | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                       | <input type="checkbox"/> Delete            |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                               |                                                                              |
|------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PNDKEPR<br>Manas Miller<br>15020 Middle Fairway Dr.<br>Spring Hill, FL 34609  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Treasurer<br>James L. Sponheim<br>7278 Royal Oak Dr.<br>Spring Hill, FL 34607 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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:** *Manas Miller* **Manas Miller, Pndk/** 1/28/08 **352-797-9523**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR X Date Daytime Phone #