

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008863

FILED
Aug 29, 2008
Secretary of State

Entity Name: PENSACOLA DOG FANCIERS' ASSOCIATION, INC.

Current Principal Place of Business:

4655 SCHAAG ROAD
MOLINO, FL 32577

New Principal Place of Business:

Current Mailing Address:

4655 SCHAAG ROAD
MOLINO, FL 32577

New Mailing Address:

FEI Number: 59-1265201 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WHETSTONE, MICHAEL D
4655 SCHAAG ROAD
MOLINO, FL 32577 US

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: BUTLER, KRIS
Address: 6190 ARBUTUS DRIVE
City-St-Zip: PENSACOLA, FL 32504

Title: VP () Delete
Name: PETTY, DEBBIE
Address: 3948 DEWEY ROSE LANE
City-St-Zip: CANTONMENT, FL 32533

Title: T () Delete
Name: WHETSTONE, MICHAEL D
Address: 4655 SCHAAG ROAD
City-St-Zip: MOLINO, FL 32577

Title: S () Delete
Name: WORTHINGTON, SYBIL
Address: 4677 TIMBERLAND DRIVE
City-St-Zip: MILTON, FL 32571

Title: BOD () Delete
Name: ADAMS, GORDON
Address: 5624 COLUMBIA AVE
City-St-Zip: MILTON, FL 32570

Title: BOD () Delete
Name: FLEMING, CONNIE
Address: 7748 FOLKSTONE DR
City-St-Zip: PENSACOLA, FL 32514

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
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: MICHAEL WHETSTONE

T

08/29/2008

Electronic Signature of Signing Officer or Director

Date