

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09366

FILED  
Apr 19, 2009  
Secretary of State

**Entity Name:** FORT MYERS GERMAN SHEPHERD DOG CLUB, INC.

**Current Principal Place of Business:**

5560 CYNTHIA LANE  
NAPLES, FL 34112 US

**New Principal Place of Business:**

**Current Mailing Address:**

5560 CYNTHIA LANE  
NAPLES, FL 34112 US

**New Mailing Address:**

**FEI Number:** 27-0023246

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEINKOPF, SANDRA  
5560 CYNTHIA LANE  
NAPLES, FL 34112 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: PRES ( ) Delete  
Name: RITA SANDELL  
Address: 3115 GULF SHORE BLVD. N 408 SOUTH  
City-St-Zip: NAPLES, FL 34103 US

Title: VP ( ) Delete  
Name: STEINKOPF, SANDRA  
Address: 5560 CYNTHIA LANE  
City-St-Zip: NAPLES, FL 34112

Title: TREA ( ) Delete  
Name: STEINKOPF, SANDRA  
Address: 5560 CYNTHIA LANE  
City-St-Zip: NAPLES, FL 34112

Title: CSEC ( ) Delete  
Name: STEINKOPF, SANDY  
Address: 5560 CYNTHIA LANE  
City-St-Zip: NAPLES, FL 34112 US

Title: RSEC ( ) Delete  
Name: GOERN, GABRIELE  
Address: 7329 COON RD.  
City-St-Zip: N. FT. MYERS, FL 33917

**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:

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: RITA SANDELL

PRES

04/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date