

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90226 035 ****61.25

DOCUMENT # N10642

1. Entity Name

THE GOLDCOAST YORKSHIRE TERRIER CLUB OF SOUTH FLORIDA INC.



Principal Place of Business

**1421 S OCEAN BV
422
POMPANO BEACH FL 33062**

Mailing Address

**1421 S OCEAN BV
422
POMPANO BEACH FL 33062
US**

50020166



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0211053

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCKINLEY, VIVIAN C
1421 S OCEAN BV
POMPANO BEACH FL 33062**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD ☐ Delete
NAME MCKINLEY, VIVIAN
STREET ADDRESS 1421 S. OCEAN BLVD. #422
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE **TREASURER** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME WILLNER, JOAN
STREET ADDRESS 22899 ROYAL CROWN TERRACE
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME GANSKY, MARIE
STREET ADDRESS 6634 BALI HAI DR
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE **VICE-PRESIDENT** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SCHILLING, EMILU
STREET ADDRESS 516 NE OSPERY DR #16A
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE **SCHILLING, EMILY** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME CARON, KRISTAL
STREET ADDRESS 2457 CENTERGATE DR #303
CITY-ST-ZIP MIRAMAR FL 33025

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **STEPHANIE CROSSLEY**
STREET ADDRESS **9324 N.W. 8TH CIRCLE**
CITY-ST-ZIP **PLANTATION, FL. 33324**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **MARJORIE DAVIS**
STREET ADDRESS **11174 CLOVERLEAF CIRCLE**
CITY-ST-ZIP **BOCA RATON, FL. 33428**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Vivian C. McKinley

VIVIAN C. MCKINLEY

Date

2/22/05

Daytime Phone #

954-943-8672