## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE:

## **Secretary of State DOCUMENT # N14781** 01-18-2007 90096 021 \*\*\*\*61.25 SHIH TZU FANCIERS OF CENTRAL FLORIDA, INC. Principal Place of Business Mailing Address 1000 ELM ST. 117 HICKORY CREEK DRIVE 60003396 OVIEDO, FL 32765 US BRANDON, FL 33511 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 117- HICKORY CK DR. Suite, Apt. #, etc. 4606 Suite, Apt. #, etc. 01072007 Chg-NP CR2E037 (12/06) 4. FEt Number 59-2704672 City & State BRANDON, FL City & State Applied For LAKELAND Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARLENE SNYDER 117 HICKORY CREEK DRIVE Street Address (P.O. Box Number is Not Acceptable) BRANDON, FL 33511 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 agistered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete IIILE ☐ Change ☐ Addition STEPHEN, LEE NAME NAME 1744 SUNWOOD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32779 CITY-ST-ZIP ΠILE ☐ Detete TITI F Change ■ Addition NAME PONTIUS, LILA 720 COUNTY ROAD 304 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BUNNELL, FL 32110 CITY-ST-ZIP Delete 1 Change PRESIDENT Addition WILSON, JANICE WILSON, JANICE NAME NAME 6606 LUNN ROAD STREET ADDRESS STREET ADDRESS 6606 LUNN RD. LAKELAND, FL 3811 CITY-ST-7IP CITY-ST-ZIP LAKEIAND, FL 33811 TITLE Delete TITLE ☐ Change Addition NAME SNYDER, CARLENE NAME 117 HICKORY CREEK DRIVE STREET ADORESS STREET ADDRESS BRANDON, FL 33511 CITY-ST-ZIP CITY-ST-ZIP D. CONNINGHAM, WM Delete TITLE **Addition** CUNNINGHAM, WILLIAM NAME NAME STREET ADDRESS 1000 ELMST OVIEDO, FL 32765 STREET ADDRESS 1000 ELM ST. CITY-ST-ZIP **OVIEDO, FL 32765** CITY-ST-7IP TITLE Delete TITLE Change Addition Doeis KARTUL WHITE, JO ANN 535 8.W. 48 LANE STREET ADDRESS 5136 36TH STREET WEST STREET ADDRESS BRADENTON, FL 33813 CITY-ST-ZIP OCALA, FL 34474 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.

FILED

Jan 18, 2007 8:00 am