

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22472

FILED
Mar 14, 2007
Secretary of State

Entity Name: MID FLORIDA DALMATIAN CLUB, INC.

Current Principal Place of Business:

9380 SW 9TH TERRACE
OCALA, FL 34476

New Principal Place of Business:

Current Mailing Address:

9380 SW 9TH TERRACE
OCALA, FL 34476

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CFRA, LLC
CORPORATE CENTER THREE AT INT'L PLAZA
4221 W. BOY SCOUT BLVD, 10TH FLOOR
TAMPA, FL 336075736 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: P () Delete
Name: WAGNER, CONNIE
Address: 9380 SW 9TH TERRACE
City-St-Zip: OCALA, FL 34476

Title: V () Delete
Name: COE, BUDDY R
Address: 2005 NORTH VILLAGE AVENUE
City-St-Zip: TAMPA, FL 33612

Title: T () Delete
Name: CLARK, JUDY R
Address: 533 MAGELLAN DRIVE
City-St-Zip: SARASOTA, FL 34243

Title: S () Delete
Name: COE, CHERYL WORDEN
Address: 2005 NORTH VILLAGE AVENUE
City-St-Zip: TAMPA, FL 336123948

Title: D () Delete
Name: JOHNSON, JENNIFER
Address: 8311 SW 57TH PLACE
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: DAVIS, KATHLEEN
Address: POST OFFICE BOX 566
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JENSEN, MARY-LYNN PHD
Address: 13100 LAKE BUTLER BOULEVARD
City-St-Zip: WINDEMERE, FL 34786

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: WAGNER, CONNIE
Address: 9380 SW 9TH TERRACE
City-St-Zip: OCALA, FL 34476

Title: D (X) Change () Addition
Name: CARLTON, KEITH
Address: 2894 SE AMI DRIVE
City-St-Zip: ARCADIA, FL 34266

Title: D (X) Change () Addition
Name: DREBY, TRISHA L
Address: 17835 SIMMONS ROAD
City-St-Zip: LUTZ, FL 33549

I hereby certify that the information supplied with this filing does not qualify for the 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: CONNIE WAGNER

S

03/14/2007

Electronic Signature of Signing Officer or Director

Date