2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State
01-25-2005 90044 011 ****61.25

DOCUMENT # N22889

1. Entity Name
OCHLOCKONEE RIVER KENNEL CLUB OF FLORIDA, INC.

40006154

Principal Place of Business	Mailing Address
17 WASHINGTON ST CHATTAHOOCHEE, FL 32324 US	P O BOX 3185 TALLAHASSEE, FL 32315 US

01212005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1248 Casa Bianca	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Monticello FL	City & State
Zip: 32344 Country: Jefferson	Zip Country

4. FEI Number 59-2810153 ☐ 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
BRADLEY, TOM 17 WASHINGTON ST CHATTAHOOCHEE, FL 32324	Name: Donna McPhate Street Address (P.O. Box Number is Not Acceptable): 1248 Casa Bianca Rd City: Monticello FL Zip Code: 32344

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: Donna McPhate 1/24/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAPLES, CHRISTINE 4830 FRED GEORGE ROAD TALLAHASSEE, FL	☐ Delete	P Ms Pat Herring 2912 S. Lake Bradford Rd Tallahassee, FL 32310	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOUGLAS, WILLIAM RT 4 BOX 4219 MONTICELLO, FL 32344	☐ Delete	D Taylor, Dottie 1104 S. Main Ave Monticello FL 32344	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HARPER, KATHLEEN DVM P O BOX 20715 TALLAHASSEE, FL 32316	☐ Delete	D Beasley, Debbie P.O. Box 918 Havana, FL 32333	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BRINKLEY, BETH 5984 TEA ROSE TRAIL TALLAHASSEE, FL 32311	☒ Delete	VP Douglas, William 259 Monticello Ave Monticello FL 32344	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P O'HARA, CHARLES P O BOX 1 HWY 269 WACISSA, FL 32361	☐ Delete	D O'Hara, Charles	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	T McPhate, Donna 1248 Casa Bianca Rd Monticello, FL 32344	☐ Change ☒ Addition

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: Donna McPhate 1/24/05 850 997-1978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #