2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2006 8:00 am
Secretary of State
01-05-2006 90002 004 ****61.25

DOCUMENT # N22889

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

60000052

Principal Place of Business	Mailing Address
1248 CASA BIANCA ROAD MONTICELLO, FL 32344 US	P O BOX 3185 TALLAHASSEE, FL 32315 US

01032006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
270 MERRITT LANE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HAVANA FL	City & State
Zip: 32333 Country: USA	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
MCPHATE, DONNA 1248 CASA BIANCA ROAD MONTICELLO, FL 32344	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: Donna McPhate Donna McPhate, Treas Jan 3, 2006
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, 2006

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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VOLA, STELLA 2280 COBB DR TALLAHASSEE, FL 32312	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOUGLAS, WILLIAM 259 MONTICELLO AVENUE MONTICELLO, FL 32344	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DOUGLAS, WILLIAM 259 Monticello 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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CAVALLARO, VIRGINIA 8703 CENTERVILLE ROAD TALLAHASSEE, FL 32309	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BRINKLEY, BETH 5984 TEA ROSE TRAIL TALLAHASSEE, FL 32311	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCHENRY, RICHARD 3137 ORTEGA DR TALLAHASSEE, FL 32312	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'HARA, CHARLES P O BOX 1 HWY 269 WACISSA, FL 32361	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES HERRING, PATRICIA 2912 S LAKE BRADFORD RD TALLAHASSEE, FL 32310	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MCPHATE, DONNA 1248 CASA BIANCA ROAD MONTICELLO, FL 32344	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORGHEM, TAMMER 3647-A ESTATES RD TALLAHASSEE, FL 32305	☐ Change ■ Addition

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.

SIGNATURE: Donna McPhate Donna McPhate, Treasurer 1-3-06 850 997 1978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #