

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

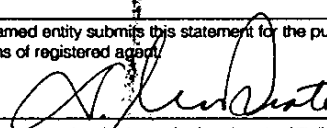
FILED
Jan 05, 2006 8:00 am
Secretary of State

01-05-2006 90002 004 ****61.25

60000052



01032006 Chg-NP CR2E037 (11/05)

DOCUMENT # N22889			
1. Entity Name OCHLOCKONEE RIVER KENNEL CLUB OF FLORIDA, INC.		Mailing Address P O BOX 3185 TALLAHASSEE, FL 32315 US	
Principal Place of Business 1248 CASA BIANCA ROAD MONTICELLO, FL 32344 US		Mailing Address P O BOX 3185 TALLAHASSEE, FL 32315 US	
2. Principal Place of Business 270 MERRITT LANE		3. Mailing Address	
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 MCPHATE, DONNA 1248 CASA BIANCA ROAD MONTICELLO, FL 32344		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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, Treas Jan 3, 2006	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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 2250 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 MORGEN, 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, Treasurer 1-3-06 850 997 1978	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	