

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90099 004 ****61.25

DOCUMENT # N22889 1. Entity Name OCHLOCKONEE RIVER KENNEL CLUB OF FLORIDA, INC.					
Principal Place of Business 270 MERRITT LANE HAVANA, FL 32333 US			Mailing Address P O BOX 3185 TALLAHASSEE, FL 32315 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2810153	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P McHenry, Richard 3137 Ortega Dr. Tallahassee FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DOUGLAS, WILLIAM 259 MONTICELLO AVENUE MONTICELLO, FL 32344	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Price, Stacy 3329 Lucky Debonair Trail Tallahassee FL 32309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CAVALLARO, VIRGINIA 8703 CENTERVILLE ROAD TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Zydell, Mary Ellen 411 Leslie Lewis Rd Havana, FL 32333
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HERRING, PATRICIA 2912 SOUTH LAKE BRADFORD ROAD TALLAHASSEE, FL 32310	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Herring, Patricia 2912 South Lake Bradford Rd Tallahassee, FL 32310
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VOLA, STELLA 2280 COBB DRIVE TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Morgheim, Tammer 2609 Ridgeway St. Tallahassee FL 32310
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MCPHATE, DONNA 1248 CASA BIANCA ROAD MONTICELLO, FL 32344	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Schmitt, Bill 1601 Springwood Dr Tallahassee FL 32308-3727
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: <u>Donna McPate, Treas. 1-16-07</u> 850-997-1978					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					