

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22889

FILED
Jan 11, 2009
Secretary of State

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

Current Principal Place of Business:

270 MERRITT LANE
HAVANA, FL 32333 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 3185
TALLAHASSEE, FL 32315 US

New Mailing Address:

FEI Number: 59-2810153 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MCPHATE, DONNA
1248 CASA BIANCA ROAD
MONTICELLO, FL 32344 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: D () Delete
Name: MAPLES, CHRISTINE
Address: 4830 FRED GEORGE ROAD
City-St-Zip: TALLAHASSEE, FL

Title: V () Delete
Name: DOUGLAS, WILLIAM
Address: 259 MONTICELLO AVENUE
City-St-Zip: MONTICELLO, FL 32344

Title: D () Delete
Name: ZYDEL, MARY ELLEN
Address: 411 LESLIE LOWIS ROAD
City-St-Zip: HAVANA, FL 32333

Title: D () Delete
Name: HERRING, PATRICIA
Address: 2912 SOUTH LAKE BRADFORD ROAD
City-St-Zip: TALLAHASSEE, FL 32310

Title: D () Delete
Name: VOLA, STELLA
Address: 2280 COBB DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: P () Delete
Name: MCHENERY, RICHARD
Address: 3137 ORTAGA DR
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: TAYLOR, DOTTIE
Address: 1104 SOUTH MAIN AVE
City-St-Zip: MONTICELLO, FL 32344

Title: P (X) Change () Addition
Name: SEDLACEK, CHRISTOPHER
Address: 5714 BOMBADIL COURT
City-St-Zip: TALLAHASSEE, FL 32303

I hereby certify that the information supplied with this filing does not qualify 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: DONNA MCPHATE

T

01/11/2009

Electronic Signature of Signing Officer or Director

_____ Date