2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27985

FILED Apr 13, 2007 Secretary of State

Entity Name: MID-FLORIDA GOLDEN RETRIEVER CLUB, INC.

Current Principal Place of Business: New Principal Place of Business: 3920 WATER OAK DR. LAKELAND, FL 33810 US **Current Mailing Address: New Mailing Address:** 3920 WATER OAK DR. LAKELAND, FL 33810 US FEI Number: 59-3275092 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HELL, THOMAS J 3920 WATER OAK DR. LAKELAND, FL 33810 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition HELL, JOANNE ROWE, ANN Name: Name: 3920 WATER OAK DRIVE Address: 23840 OAK VALLEY LANE Address: City-St-Zip: LAKELAND, FL 33810 City-St-Zip: SORRENTO, FL 32776 Title: Title: (X) Change () Addition () Delete TOMS, PATTI Name: FULENWIDER, SUSAN Name: Address: 5973 NUTMEG AVE. Address: 795 BRIARWOOD CT. City-St-Zip: SARASOTA, FL 34231 City-St-Zip: ORANGE CITY, FL 32763 Title: () Delete Title: () Change () Addition HELL, THOMAS J Name: Name: Address: 3920 WATER OAK DR. Address: City-St-Zip: LAKELAND, FL 33810 City-St-Zip: (X) Change () Addition Title: () Delete Title: Name: FARRIS, DEBORAH Name: LAMBERT, BETTY 1918 SIR LANCELOT CIRCLE Address: 8790 58TH LANE Address: City-St-Zip: PINELLAS PARK, FL 33782 City-St-Zip: ST. CLOUD, FL 34772 Title: () Delete Title: (X) Change () Addition ROWLAND, SALLY ANNE HELL, JOANNE Name: Name: 3920 WATER OAK DR. 5160 WAUCHULA RD. Address: Address: City-St-Zip: MYAKKA CITY, FL 34251 City-St-Zip: LAKELAND, FL 33810 Title: () Delete Title: () Change () Addition VOLPE, JUDI Name: Name: Address: 5621 MOAT CT. Address: ORLANDO, FL 32810 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS J. HELL T 04/13/2007