

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27985

FILED
Apr 22, 2008
Secretary of State

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

Current Principal Place of Business:

3920 WATER OAK DR.
LAKELAND, FL 33810 US

New Principal Place of Business:

Current Mailing Address:

3920 WATER OAK DR.
LAKELAND, FL 33810 US

New Mailing Address:

FEI Number: 59-3275092

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELL, THOMAS J
3920 WATER OAK DR.
LAKELAND, FL 33810 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: P () Delete
Name: ROWE, ANN
Address: 23840 OAK VALLEY LANE
City-St-Zip: SORRENTO, FL 32776

Title: VP () Delete
Name: FULENWIDER, SUSAN
Address: 795 BRIARWOOD CT.
City-St-Zip: ORANGE CITY, FL 32763

Title: T () Delete
Name: HELL, THOMAS J
Address: 3920 WATER OAK DR.
City-St-Zip: LAKELAND, FL 33810

Title: S () Delete
Name: LAMBERT, BETTY
Address: 1918 SIR LANCELOT CIRCLE
City-St-Zip: ST. CLOUD, FL 34772

Title: D () Delete
Name: HELL, JOANNE
Address: 3920 WATER OAK DR.
City-St-Zip: LAKELAND, FL 33810

Title: D () Delete
Name: VOLPE, JUDI
Address: 5621 MOAT CT.
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FULENWIDER, SUSAN
Address: 795 BRIARWOOD CT
City-St-Zip: ORANGE CITY, FL 32763

Title: VP (X) Change () Addition
Name: FINCH, DEBRA
Address: 1918 SIR LANCELOT CIRCLE
City-St-Zip: ST. CLOUD, FL 34772

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:

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: THOMAS J. HELL

T

04/22/2008

Electronic Signature of Signing Officer or Director

Date