


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90001 018 ****70.00

DOCUMENT # N36567 1. Entity Name GERMAN SHEPHERD DOG CLUB OF DAYTONA, INC.			
Principal Place of Business 304-S. BRIGHTON DR. PORT ORANGE, FL 32127 US		Mailing Address PO BOX 214948 PORT ORANGE, FL 32127 US	
2. Principal Place of Business 204 Brittany Ave Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Port Orange Florida		City & State	
Zip Country 32127 FLORIDA		Zip Country	
6. Name and Address of Current Registered Agent JODICE, JEANNIE 304 BRIGHTON DR. PALM COAST, FL 32137		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		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	PD JODICE, JEANNIE 304 S. BRIGHTON DR. PORT ORANGE, FL 32127	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jodice, Jeannie 204 BRITANNY AVE Port Orange FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRENCH, TINA 1136 GREEN BRIAN AVE. PORT ORANGE, FL 32127	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Robert McFarland
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAMMONS, CARLENE RT. 1 BOX 145-F N/A BUNNELL, FL 32110	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Robin Como 204 Brittany Ave Port Orange FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS HARRIS, HOLLY 6500 BAYWOOD AVE. PORT ORANGE, FL 32127	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS WISNIEWSKI, SUE 60- CAROL DR. ORMOND BEACH, FL 32176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUMP, PEGGY 2611- SILVER PALM DR. EDGEWATER,, FL 32141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Robin Como Robin Como		3/15/04 386 424 1921	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

04025722



01152004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3008947 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

FL Zip Code

Make check payable to
Florida Department of State

☒ Change ☐ Addition

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