

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90027 045 ****70.00

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01152005 Chg-NP CR2E037 (10/03)

DOCUMENT # N36567			
1. Entity Name GERMAN SHEPHERD DOG CLUB OF DAYTONA, INC.			
Principal Place of Business 204 BRITTANY AVE PORT ORANGE, FL 32127 US		Mailing Address PO BOX 214948 PORT ORANGE, FL 32127 US	
2. Principal Place of Business SAME		3. Mailing Address P.O. Box 1677 New Smyrna Beach, FL 32170	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SAME		City & State New Smyrna Beach, FL 32170	
Zip SAME	Country	Zip 32170	Country USA
4. FEI Number 59-3008947		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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: JEANNIE JODICE Street Address (P.O. Box Number is Not Acceptable): 204 BRITTANY AVE PORT ORANGE, FL 32127	
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: JEANNIE JODICE, PRESIDENT		DATE: 1-16-05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.	
TITLE: PD NAME: JODICE, JEANNIE STREET ADDRESS: 204 BRITTANY AVE CITY-ST-ZIP: PORT ORANGE, FL 32127	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: MCFARLAND, ROBERT STREET ADDRESS: 1136 GREEN BRIAN AVE. CITY-ST-ZIP: PORT ORANGE, FL 32127	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: CAMO, ROBIN STREET ADDRESS: 204 BRITTANY AVE CITY-ST-ZIP: BUNNELL, FL 32110	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TS NAME: HARRIS, HOLLY STREET ADDRESS: 6500 BAYWOOD AVE. CITY-ST-ZIP: PORT ORANGE, FL 32127	<input checked="" type="checkbox"/> Delete	TITLE: CORRES. SEC. NAME: PEGGY PUMP STREET ADDRESS: 2611 SILVER PALM DR. CITY-ST-ZIP: EDGEWATER, FL 32141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: CS NAME: WISNIEWSKI, SUE STREET ADDRESS: 60 CAROL DR. CITY-ST-ZIP: ORMOND BEACH, FL 32176	<input checked="" type="checkbox"/> Delete	TITLE: REC. SEC. NAME: TINA FRENCH STREET ADDRESS: 1136 GREENBRIAR AVE. CITY-ST-ZIP: PORT ORANGE, FL 32127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: PUMP, PEGGY STREET ADDRESS: 2611 SILVER PALM DR. CITY-ST-ZIP: EDGEWATER, FL 32141	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: JEANNIE JODICE		Date: 1-16-05 Daytime Phone: 386-689-6287	