2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Jan 22, 2003 8:00 am Secretary of State **DOCUMENT # N36567** 01-22-2003 90050 019 ****61.25 1. Entity Name GERMAN SHEPHERD DOG CLUB OF DAYTONA, INC. Principal Place of Business Mailing Address 1900 S. GLENCOE ROAD PO BOX 214948 NEW SMKYRNA BEACH FL 32168 PORT ORANGE FL 32127 2. Principal Place of Business 3. Mailing Address 304-S. BRIGHTON Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3008947 Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired U.S.A. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ODICE EANNIE JODICE, RALPH Street Address (P.O. Box Number is Not Acceptable) 1900 S GLENCOE RD NEW SMYRNA BEACH FL 32168 BRIGHTON Zip Code 32/3, ORADGE 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 (NOTE: Registered Agent signature required when reinstating) if applicable 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Addition TITLE Delete EAIDNIE RALPH, JODICE NAME NAME 1900 S. GLENCDE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168** CITY-ST-ZIP TITLE **⊠** Delete PUMP, PEGGY NAME 36 GREEN-13-RIAR FLUE NAME STREET ADDRESS 2611 SILVER PALM DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP EDGEWATER FL 32141 ORANGE, FL 32/27 TITI E ☐ Delete TITLE HAMMONS, CARLENE NAME NAME STREET ADDRESS RT. 1 BOX 145-F N/A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BUNNELL FL 32110 CS REC. SEC. TITLE TITLE Delete ☐ Addition HARRIS HARRIS, HOLLY NAME BAYWOOD STREET ADDRESS 6500 BAYWOOD AVE STREET ADDRESS CITY-ST-ZIP PT. ORANGE FL 32127 CITY-ST-ZIP TITLE Delete TITLE BOSMAN, PAME NAME NAME 100 - CAROL 160 ALDO LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH FL 32110 CITY-ST-2IP BEACHER Change Delete TITLE TITLE PUMP, PEGGY NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

2611- SILVER PALM DR.

EDGEWATER, FL 32141