

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41374

FILED
Jan 29, 2007
Secretary of State

Entity Name: DOG-ON-IT AGILITY CLUB OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

LAKE ISLAND PARK
450 HARPER ST.
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

C/O KATHERINE BISHOP
1125 W. STETSON ST.
ORLANDO, FL 32804 US

New Mailing Address:

DEBRA SMITH
32100 WEKIVA TRAIL
SORRENTO, FL 32776 US

FEI Number: 59-3065584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BISHOP, KATHERINE E
1125 W. STETSON ST.
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

SMITH, DEBRA A
32100 WEKIVA TRAIL
SORRENTO, FL 32776 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: DEBRA A. SMITH

01/29/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BISHOP, KATHERINE E
Address: 1125 W. STETSON ST.
City-St-Zip: ORLANDO, FL 32804 US

Title: SD () Delete
Name: SMITH, DEBRA
Address: 31442 WEKIVA RIVER RD
City-St-Zip: SORRENTO, FL 32776 US

Title: TD () Delete
Name: MOSELEY, MARGARET
Address: 4135 FLORALWOOD CT.
City-St-Zip: ORLANDO, FL 32812 US

Title: PROM (X) Delete
Name: WALKER, NANCY
Address: 1431 FERRIS AV
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SMITH, DEBRA A
Address: 32100 WEKIVA TRAIL.
City-St-Zip: SORRENTO, FL 32776 US

Title: PROM (X) Change () Addition
Name: ULERICH, NANCY
Address: 1708 INVERNESS CT
City-St-Zip: LONGWOOD, FL 32779 US

Title: TD (X) Change () Addition
Name: GREGORIEFF, KATHY
Address: 1077 PRINCEWOOD DR
City-St-Zip: ORLANDO, FL 32810 US

Title: () Change () Addition
Name:
Address:
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: DEBRA A. SMITH

PD

01/29/2007

Electronic Signature of Signing Officer or Director

Date