

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44965

FILED
Feb 21, 2008
Secretary of State

Entity Name: JACKSONVILLE SHETLAND SHEEPDOG CLUB, INC.

Current Principal Place of Business:

5204 BEIGE STREET
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

5204 BEIGE STREET
JACKSONVILLE, FL 32258 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUFFEY, DARLA M
5204 BEIGE STREET
JACKSONVILLE, FL 32258 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: HOMAN, REBECCA
Address: 16085 PUSKITA TRAIL
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: V () Delete
Name: MILLER-GRIFFITH, CYNTHIA
Address: P.O. BOX 312
City-St-Zip: HOLLISTER, FL 32147 US

Title: S () Delete
Name: LAUFER, CHRISTINA
Address: 23575 NW 42ND AVENUE
City-St-Zip: LAWTEY, FL 32058 US

Title: T () Delete
Name: DUFFEY, DARLA
Address: 5204 BEIGE STREET
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: D () Delete
Name: DUFFEY, ERNEST N
Address: 5204 BEIGE STREET
City-St-Zip: JACKSONVILLE, FL 32258

Title: D () Delete
Name: HOMAN, KENNETH
Address: 16085 PUSKITA TRAIL
City-St-Zip: JACKSONVILLE, FL 32218 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: HOMAN, REBECCA
Address: 16085 PUSKITA TRAIL
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: S (X) Change () Addition
Name: MILLER-GRIFFITH, CYNTHIA
Address: P.O. BOX 312
City-St-Zip: HOLLISTER, FL 32147 US

Title: D (X) Change () Addition
Name: POLLARD, LISA
Address: 1111 ST JOHNS BLUFF RD
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: DUFFEY, ERNEST N
Address: 5204 BEIGE STREET
City-St-Zip: JACKSONVILLE, FL 32258

Title: D (X) Change () Addition
Name: COLEMAN, SHEILA
Address: 1904 ED JOHNSON DR
City-St-Zip: JACKSONVILLE, FL 32226 US

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: ERNEST N DUFFEY

PRES

02/21/2008

Electronic Signature of Signing Officer or Director

Date