

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44965

FILED  
Mar 28, 2009  
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: 20-4907917      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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: VP ( ) Delete  
Name: HOMAN, REBECCA  
Address: 16085 PUSKITA TRAIL  
City-St-Zip: JACKSONVILLE, FL 32218 US

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

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

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

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

03/28/2009

\_\_\_\_\_  
Date