

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N48478**

1. Entity Name  
**CENTRAL FLORIDA HUNTING RETRIEVER CLUB, INC.**



Principal Place of Business  
106 S.E. 41 AVE.  
OCALA, FL 32671 US

Mailing Address  
106 S.E. 41 AVE.  
OCALA, FL 32671 US



01212007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3122519**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

DUMAS, J. MARILYN  
106 S.E. 41 AVE.  
OCALA, FL 34471

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STUBBS, TRACY 1955 SNLINER RD SAINT CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUMAS, BILL 106 S.E. 41 AVENUE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MANN, RICHARD 5951 SW 21ST AVE RD OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RYAN, BRENDA 1520 SW 16TH LN BELL, FL 32619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/26/07-80036-017 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Bill Dumas* **BILL DUMAS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*21 JAN 2007*

Date

*352-694-3924*

Daytime Phone #