

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49748

FILED
Mar 30, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA CAIRN TERRIER CLUB, INC.

Current Principal Place of Business:

18632 SWEETBAY LANE
DADE CITY, FL 33525 US

New Principal Place of Business:

Current Mailing Address:

18632 SWEETBAY LANE
DADE CITY, FL 33525

New Mailing Address:

226 KILMER LANE
WINTER HAVEN, FL 33884

FEI Number: 59-3172436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBSTER, JOHN W
7715 ST. ANDREWS ROAD
LAKE WORTH, FL 33467 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: ABHALTER, KAREN
Address: 18632 SWEETBAY LANE
City-St-Zip: DADE CITY, FL 33525

Title: V () Delete
Name: BURR, DORIS
Address: 2302 WHITEWOOD AVE.
City-St-Zip: SPRING HILL, FL 34609

Title: S () Delete
Name: COWGILL, ERIC
Address: 40315 RIVER ROAD
City-St-Zip: DADE CITY, FL 33525

Title: T () Delete
Name: GIUDICE, JOSEPH
Address: 1015 NW 4TH AVE.
City-St-Zip: HIGH SPRINGS, FL 32643

Title: D () Delete
Name: GUIDICE, BARBARA
Address: 1015 NW 4TH AVE.
City-St-Zip: HIGH SPRINGS, FL 32643

Title: D () Delete
Name: COWGILL, NANETTE
Address: 40315 RIVER RD.
City-St-Zip: DADE CITY, FL 33525

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: T (X) Change () Addition
Name: CHRISTY, PAULINE
Address: 226 KILMER LANE
City-St-Zip: WINTER HAVEN, FL 33884

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: PAULINE E. CHRISTY

TREA

03/30/2009

Electronic Signature of Signing Officer or Director

Date