## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N49748

FILED Jaņ 06, 2<u>01</u>0 Secretary of State

Entity Name: CENTRAL FLORIDA CAIRN TERRIER CLUB, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

18632 SWEETBAY LANE DADE CITY, FL 33525

**Current Mailing Address: 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: Name and Address of New Registered Agent:

WEBSTER, JOHN W 7715 ST. ANDREWS ROAD LAKE WORTH, FL 33467

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:**

ABHALTER, KAREN Name: Address: 18632 SWEETBAY LANE City-St-Zip: DADE CITY, FL 33525

Title:

Name: BURR, DORIS

Address: 2302 WHITEWOOD AVE. City-St-Zip: SPRING HILL, FL 34609

Title:

COWGILL, ERIC Name: Address: 40315 RIVER ROAD City-St-Zip: DADE CITY, FL 33525

Title:

Name: CHRISTY, PAULINE 226 KILMER LANE Address:

City-St-Zip: WINTER HAVEN, FL 33884

Title:

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

Title:

COWGILL, NANETTE Name: Address: 40315 RIVER RD. DADE CITY, FL 33525 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: PAULINE CHRISTY **TREA** 01/06/2010