

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51303

FILED
Apr 17, 2004
Secretary of State**Entity Name:** SOUTH FLORIDA WORKING DOG ASSOCIATION, INC.**Current Principal Place of Business:**16393 E. BUNRS DRIVE
LOXAHATCHEE, FL 33470**New Principal Place of Business:****Current Mailing Address:**4346 HUNTING TRAIL
LAKE WORTH, FL 33467**New Mailing Address:****FEI Number:** 65-0374562**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ANZALONE, LEOMAR
4346 HUNTING TRAIL
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: VD () Delete
Name: VANFOSSEN, NORMA
Address: 17336 PRADO BLVD.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: PD () Delete
Name: WILCOX, TELA
Address: 16393 E. BURNS DRIVE
City-St-Zip: LOXAHATCHEE, FL 33470

Title: SD () Delete
Name: ANZALONE, LEOMAR
Address: 4346 HUNTING TRAIL
City-St-Zip: LAKE WORTH, FL 33467

Title: TD () Delete
Name: BALCH, SALLY
Address: 182 MARTIN CIRCLE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: MD () Delete
Name: WILCOX, RON
Address: 10088 PINAFORE LANE
City-St-Zip: ROYAL PALM, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: BARTA, SHANE
Address: 224 N. SEACREST CIRCLE
City-St-Zip: DELRAY BEACH, FL 33444

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

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

Title: TD (X) Change () Addition
Name: CANTELO, SHIRLEY
Address: 4663 STEETLE STREET
City-St-Zip: WEST PALM BEACH, FL

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LEOMAR ANZALONE

SD

04/17/2004

Electronic Signature of Signing Officer or Director

Date