2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# N51303

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: BARTA, SHANE
Address: 224 N. SEACREST CIRCLE
City-St-Zip: DELRAY BEACH, FL 33444

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: CANTELO, SHIRLEY
Address: 4663 STEETLE STREET
City-St-Zip: WEST PALM BEACH, FL

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

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:

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: LEOMAR ANZALONE SD 03/25/2009

Electronic Signature of Signing Officer or Director — Date