

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001553

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** TAILWAGGERS LEARNING CENTER O.T.C. OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

7500 FOREST HILL BLVD  
WEST PALM BEACH, FL 33413 US

**New Principal Place of Business:**

**Current Mailing Address:**

634 DAVIS RD  
DELRAY BEACH, FL 33445

**New Mailing Address:**

FEI Number: 65-0488705

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DOBRICK, PHYLLIS  
634 DAVIS RD  
DELRAY BEACH, FL 33445 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: PD ( ) Delete  
Name: CLANCY, KIM  
Address: 14019 ASTER AVENUE  
City-St-Zip: WELLINGTON, FL 33414

Title: SD ( ) Delete  
Name: DEZENDORF, MAITE D  
Address: 11319 57TH ROAD NORTH  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: TD ( ) Delete  
Name: DOBRICK, PHYLLIS  
Address: 634 DAVIS RD  
City-St-Zip: DELRAY BEACH, FL 33445

Title: VD ( ) Delete  
Name: WATSON, JEANNE  
Address: 129 HAMMOCKS COURT  
City-St-Zip: WEST PALM BEACH, FL 33413

**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: VD (X) Change ( ) Addition  
Name: SMITH, SHARON  
Address: 308 GOLFOVIEW RD PH 508W  
City-St-Zip: NORTH PALM BEACH, FL 33408

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: PHYLLIS DOBRICK

TD

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date