


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90154 039 \*\*\*\*61.25

<b>DOCUMENT # N94000002872</b>	
1. Entity Name <b>SOUTH FLORIDA LABRADOR RETRIEVER CLUB, INC.</b>	

Principal Place of Business <b>4685 NW 113 AVE SUNRISE, FL 33323 US</b>	Mailing Address <b>4685 NW 113 AVE SUNRISE, FL 33323 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04122006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>65-0546669</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>TAPIE, JOHN 4685 N W 113 AVENUE SUNRISE, FL 33323</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P KINARD, LIZ 11020 SW 163 ST MIAMI, FL 33175	
VP BERRY, DEBBIE 5200 SW 196 LANE FORT LAUDERDALE, FL 33332	<input type="checkbox"/> Delete
S HUPP, WENDY 8009 SW 30 ST DAVIE, FL 33328	<input type="checkbox"/> Delete
T TAPIE, JOHN 4685 NW 113 AVE SUNRISE, FL 33323	<input type="checkbox"/> Delete
D BARNETT, PETE 546 STONEMONT DR WESTON, FL 33326	<input type="checkbox"/> Delete
D TAPIE, NANCY 4685 NW 113 AVE SUNRISE, FL 33323	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D LINDA JORDAN 4100 S.W. 172 AVE MIAMI, FL 33175	
D CATHY SPRINGER 4100 S.W. 111 TOWER DAVIE, FL 33328	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D LAVARIE ZISMAN 8240 SW 91ST MIAMI, FL 33156	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #