2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2007 8:00 am
Secretary of State
01-25-2007 90052 001 ****61.25

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1. Entity Name

SOUTH FLORIDA LABRADOR RETRIEVER CLUB, INC.

Principal Place of Business	Mailing Address
4685 NW 113 AVE SUNRISE FL 33323 US	4685 NW 113 AVE SUNRISE FL 33323 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0546669 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TAPIE, JOHN
4685 N W 113 AVENUE
SUNRISE FL 33323

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 John Tapie
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec. KINARD, LIZ 11020 SW 163 ST MIAMI FL 33175	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP CATHY SPRINGER 4110 S.W. 111 TERR DAVIE, FL 33328	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BERRY, DEBBIE 5200 SW 196 LANE FORT LAUDERDALE FL 33332	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D MARY WOOD 5501 S.W. 84 ST Miami, Fl. 33143	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SP HUPP, WENDY 8009 SW 30 ST DAVIE FL 33328	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D DON ZINN 721 CYPRESS POINT DR. E. PEMBROKE PINES, FL 33027	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TAPIE, JOHN 4685 NW 113 AVE SUNRISE FL 33323	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D SUE ZINN 721 CYPRESS POINT DR. E. Pembroke Pines, FL. 33027	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARNETT, PETE 546 STONEMONT DR WESTON FL 33326	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D LAURA ZISMAN 8240 S.W. 91 ST MIAMI, FLA 33156	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAPIE, NANCY 4685 NW 113 AVE SUNRISE FL 33323	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: John Tapie JOHN TAPIE TREASURER 1-18-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #