2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 30, 2005 08:00 AM Secretary of State DOCUMENT # N96000000568 GREATER DAYTONA DOG FANCIERS ASSOCIATION INC. Principal Place of Business Mailing Address 2429 TIMBERVIEW DRIVE NEW SMYRNA BEACH FL 32168 2429 TIMBERVIEW DRIVE NEW SMYRNA BEACH FL 32168 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 59-1697275 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BALDUF, RON Street Address (P.O. Box Number is Not Acceptable) 2429 TIMBERVIEW DRIVE NEW SMYRNA BEACH FL 32168 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 nd title if applicable Signature, typed or printed name of registered age (NOTE Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete TITLE TITLE Change Addition Addition BARLOW, DONNA NAME 702 KRISTINA CT. STREET ADDRESS STREET ADDRESS PORT ORANGE FL 32127 CITY ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition BALDUF, RON NAME NAME 2429 TIMBERVIEW DRIVE STREET ADDRESS STREET ADDRESS NEW SMYRNA BEACH FL 32168 CITY-ST-ZIP CITY - ST- ZIP ☐ Change Addition TITI F Delete TITLE NAME PETROVITS, TED NAME 24400 FOX ROAD STREET ADDRESS STREET ADDRESS U000000280814 ASTOR FL 32102 CITY-ST-ZIP CITY-ST-ZIP 03/30/05-80034 ·023 61 ☐ Addition MLE Delete TITLE ☐ Change REID, BRENDA NAME NAME 1929 S PENINSULA DRIVE STREET ADDRESS STREET ADDRESS DAYTONA FL 32118 CITY-ST-ZIP CITY-ST-ZIP DILE Delete THE ☐ Change ☐ Addition MOORE, SALLI NAME NAME 1920 SPRUCE CREEK CIRCLE STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32124 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete THE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 arraddress, with all other like empowered.

UNG OFFICER OR DIRECTOR

FILED