2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# N96000002339

Entity Name: EVERGLADES REGIONAL DOG HUNTERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 221652
WEST PALM BEACH, FL 33422 US

New Principal Place of Business:

5090 STACY STREET
WEST PALM BEACH, FL 33417 US

Current Mailing Address:

P.O. BOX 221652
WEST PALM BEACH, FL 33422 US

New Mailing Address:

FEI Number: 65-0913946 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FELTON, BETTY
1520 MERIDIAN ROAD
WEST PALM BEACH, FL 33417 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: PRES ( ) Delete
Name: WORKMAN, TERRY
Address: 5090 STACY ST
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VP ( ) Delete
Name: BICA, EDGAR
Address: 2785 KENTUCKY ST
City-St-Zip: WEST PALM BEACH, FL 33406

Title: SEC ( ) Delete
Name: WESTWOOD, MARY ANN
Address: 6550 SW MARKEL ST
City-St-Zip: PALM CITY, FL 34990

Title: T ( ) Delete
Name: NICAR, MARY
Address: 11447 59TH STREET NORTH
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D ( ) Delete
Name: FELTON, BOB
Address: 1520 MERIDAN RD
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D ( ) Delete
Name: WORKMAN, DAVID
Address: 5090 STACY STREET
City-St-Zip: WEST PALM BEACH, FL 33417

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:

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: TERRY WORKMAN PRES 03/11/2009
Electronic Signature of Signing Officer or Director Date