

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000000819

1. Entity Name
SOUTHEASTERN BLOODHOUND CLUB INC.



Principal Place of Business
**2917 PALM DR
PUNTA GORDA, FL 33950 US**

Mailing Address
**2917 PALM DR
PUNTA GORDA, FL 33950 US**



01062008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SEGREN, JANICE I
2917 PALM DR
PUNTA GORDA, FL 33950**

**DO NOT WRITE
IN THIS SPACE**

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

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

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE
P
NAME
PETTY, DEBORAH
STREET ADDRESS
39449 DEWEY ROSE LN
CITY-ST-ZIP
CANTONMENT, FL 32533

TITLE
VP
NAME
MABRY, JAN
STREET ADDRESS
1227 GALA DR
CITY-ST-ZIP
NORCROSS, GA 30093

TITLE
T
NAME
SEGREN, JANICE
STREET ADDRESS
2917 PALM DR
CITY-ST-ZIP
PUNTA GORDA, FL 33950

TITLE
D
NAME
MEADOR, DOUG
STREET ADDRESS
5421 CEDARMINT DR
CITY-ST-ZIP
CHARLOTTE, NC 28227

TITLE
D
NAME
GREEN, SARAH
STREET ADDRESS
590 BETHEL RD NW
CITY-ST-ZIP
CONYERS, GA 30012

TITLE
D
NAME
MITCHELL, DON
STREET ADDRESS
2499 WINTERSET RD
CITY-ST-ZIP
WINTER HAVEN, FL 33884

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01/16/08-80012-002 61.25

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IN THIS SPACE**

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 #

1-10-DY

941
505-1346