


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000004640</b>	
1. Entity Name <b>TREASURE COAST GERMAN SHEPHERD DOG CLUB, INC.</b>	

Principal Place of Business <b>PO BOX 921 PALM CITY, FL 34991</b>	Mailing Address <b>PO BOX 921 PALM CITY, FL 34991</b>
--------------------------------------------------------------------------	--------------------------------------------------------------

**DO NOT WRITE IN THIS SPACE**



01182005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0779727</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SAFDIR, AMY 4976 SW HONEY TERRACE PALM CITY, FL 34990</b>
-----------------------------------------------------------------------------------------------------------------------------

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
-----------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------	------------

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
-----------------------------------------------------	-------------------------------------------------------------------------------------	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAFDIR, AMY 4976 SW HONEY TERRACE PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEFALCO, MARY 5600 BUCHANAN DR FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BABBITT, LARRY 76 SOUTH SEWALL'S POINT RD STUART POINT, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AUKERMAN, JUNE 2573 SW ABATE ST PORT SAINT LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

000000191379  
01/24/05-80171-008 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Amy J. Safdir</i> <i>President</i>	Date: <i>1-18-05</i>	Daytime Phone: <i>772-286-3801</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		