

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004640

FILED
Jul 14, 2006
Secretary of State

Entity Name: TREASURE COAST GERMAN SHEPHERD DOG CLUB, INC.

Current Principal Place of Business:

PO BOX 921
PALM CITY, FL 34991

New Principal Place of Business:

4976 SW HONEY TERRACE
PALM CITY, FL 34990

Current Mailing Address:

PO BOX 921
PALM CITY, FL 34991

New Mailing Address:

4976 SW HONEY TERRACE
PALM CITY, FL 34990

FEI Number: 65-0779727 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SAFDIR, AMY
4976 SW HONEY TERRACE
PALM CITY, FL 34990 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: PD () Delete
Name: SAFDIR, AMY
Address: 4976 SW HONEY TERRACE
City-St-Zip: PALM CITY, FL 34990

Title: VP () Delete
Name: DEFALCO, MARY
Address: 5600 BUCHANAN DR
City-St-Zip: FORT PIERCE, FL 34982

Title: TD () Delete
Name: BABBITT, LARRY
Address: 76 SOUTH SEWALL'S POINT RD
City-St-Zip: STUART POINT, FL 34996

Title: SD () Delete
Name: AUKERMAN, JUNE
Address: 2573 SW ABATE ST
City-St-Zip: PORT SAINT LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: DESMOND, DAVE
Address: 18671 N 137TH TRAIL
City-St-Zip: JUPITER, FL 33478

Title: SD (X) Change () Addition
Name: MCPHERON, CAROL
Address: 2842 SW GIRALDA ST
City-St-Zip: PORT SAINT LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify for the 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: AMY SAFDIR

PRES

07/14/2006

Electronic Signature of Signing Officer or Director

Date