



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90019 047 ****61.25

| | | | | | | |
|---|--|---|---|--|--|--|
| DOCUMENT # N97000004640 | | | |  | | |
| 1. Entity Name TREASURE COAST GERMAN SHEPHERD DOG CLUB, INC. | | | | | | |
| Principal Place of Business 4976 SW HONEY TERRACE PALM CITY, FL 34990 | | | Mailing Address 4976 SW HONEY TERRACE PALM CITY, FL 34990 | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |  | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 03262008 Chg-NP CR2E037 (12/06) | | |
| City & State | | City & State | | 4. FEI Number 65-0779727 | | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent SAFDIR, AMY 4976 SW HONEY TERRACE PALM CITY, FL 34990 | | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | | |
| Make check payable to Florida Department of State | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE PD | NAME SAFDIR, AMY | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 4976 SW HONEY TERRACE | CITY - ST - ZIP PALM CITY, FL 34990 | | | STREET ADDRESS | CITY - ST - ZIP | |
| TITLE VP | NAME KUTSUKOS, JEANNEANE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 18291 126TH TERR. N. | CITY - ST - ZIP JUPITER, FL 33478 | | | STREET ADDRESS | CITY - ST - ZIP | |
| TITLE TD | NAME DESMOND, DAVE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 18671 N 137TH TRAIL | CITY - ST - ZIP JUPITER, FL 33478 | | | STREET ADDRESS | CITY - ST - ZIP | |
| TITLE SD | NAME MCPHERON, CAROL | | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 2842 SW GIRALDA ST | CITY - ST - ZIP PORT SAINT LUCIE, FL 34952 | | | STREET ADDRESS SD Smith, Lee 4472 Bradywine Dr. BOCA RATON, FL | CITY - ST - ZIP | |
| TITLE | NAME | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | CITY - ST - ZIP | | | STREET ADDRESS | CITY - ST - ZIP | |
| TITLE | NAME | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | CITY - ST - ZIP | | | STREET ADDRESS | CITY - ST - ZIP | |
| 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: <i>Amy Safdir</i> Amy SAFDIR | | | Date: <i>5-31-08</i> | | Daytime Phone #: <i>72-286-3801</i> | |