



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90040 013 \*\*\*\*70.00

<b>DOCUMENT # N98000004905</b> 1. Entity Name <b>AMERICAN SEALYHAM TERRIER CLUB, INC.</b>					
Principal Place of Business <b>415 MOUNTAIN DRIVE SUITE 3 DESTIN, FL 32541</b>			Mailing Address <b>415 MOUNTAIN DRIVE SUITE 3 DESTIN, FL 32541</b>		
2. Principal Place of Business - No P.O. Box # <b>26 Academy St.</b>		3. Mailing Address <b>26 Academy St.</b>		  02052008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>ALBION, PA</b>		City & State <b>ALBION, PA</b>			
Zip <b>16401</b>		Zip <b>16401</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>16-6066943</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>MILLER &amp; ANSLEY P A J JEROME MILLER 415 MOUNTAIN DRIVE, SUITE 3 DESTIN, FL 32541-2349</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u>J. Jerome Miller</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <b>P</b>	NAME <b>YARD, SHARON</b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b>14111 REHOBOTH CH RD</b>	CITY-ST-ZIP <b>PROVETTSVILLE, VA 20180</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>VP</b>	NAME <b>GBURZYNSKI, JACK</b>		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS <b>4400 121 ST AVE</b>	CITY-ST-ZIP <b>CLEAR LAKE, MN 55319</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>T</b>	NAME <b>JOHNSTON, MARIE</b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b>5340 HOLMES RUN PKWY APT 104</b>	CITY-ST-ZIP <b>ALEXANDRIA, VA 22304</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>CS</b>	NAME <b>PERRY, DIANA</b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b>40 ACADEMY STREET</b>	CITY-ST-ZIP <b>ALBION, PA 164011002</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>RJ</b>	NAME <b>JOHNSTON, MARIE</b>		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS <b>5340 HOLMES RUN PKWY APT 104</b>	CITY-ST-ZIP <b>ALEXANDRIA, VA 22304</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>RS</b>	NAME <b>Karen Bay</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <b>10153 W. Marlowe Place</b>	CITY-ST-ZIP <b>Littleton, CO 80127</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Diana M Perry</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-11-08 814-756-4589 <small>Date Daytime Phone #</small>		