## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000004914

FILED Jan 22, 2007 Secretary of State

Entity Name: KERRY BLUE TERRIER CLUB OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1060 COLONIAL ARMS DR 1060 COLONY ARMS DR LAKELAND, FL 33813 LAKELAND, FL 33813 **Current Mailing Address: New Mailing Address:** 27746 PINE POINT DR. 1060 COLONY ARMS DR WESLEY CHAPEL, FL 33543 LAKELAND, FL 33813 FEI Number: 59-3135261 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MACLEOD, WILLIAM F MACLEOD, WILLIAM F 1060 COLÓNIAL ARMS DR 1060 COLÓNY ARMS DR LAKELAND, FL 33813 LAKELAND, FL 33813 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: 01/22/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition MANCUSO, LYNDA OMODIO, JIM Name: Name: 511 LITTLE WEKIVA RD Address: 27746 PINE POINT DR Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: WESLEY CHAPEL, FL 33543 Title: () Delete Title: (X) Change ( ) Addition WESTBROOK, NANCY Name: OMODIO, REATHA Name: Address: 8547 ETHANS GLEN TERR Address: 27746 PINE POINT DR City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: WESLEY CHAPEL, FL 33543 Title: () Delete Title: (X) Change ( ) Addition ADAMS, CONNIE Name: ADAMS, CONNIE Name: 2723 KALA LANE 2723 KALA LANE Address: Address: City-St-Zip: PLANT CITY, FL 33565 City-St-Zip: PLANT CITY, FL 33563 (X) Change ( ) Addition Title: ( ) Delete Title: LAMBERT, JOAN Name: Name: AGNEW, JUDY 2774 CHERYLE LN Address: Address: 12582 S E 120TH ST City-St-Zip: SARASOTA, FL 34237 City-St-Zip: OCKLAWAHA, FL 32179 Title: () Delete Title: (X) Change ( ) Addition LOPEZ, LINDA LOPEZ, LINDA Name: Name: 709 W. RIYEM HEIGHTS 709 W. RIVER HEIGHTS Address: Address: City-St-Zip: TAMPA, FL 33603 City-St-Zip: **TAMPA, FL 33603** Title: () Delete Title: () Change () Addition BATES, WALTER Name: Name: Address: 16571 CAPE HORN BLVD Address: PUNTA GORDA, FL 33955 City-St-Zip: City-St-Zip:

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: CONNIE ADAMS S 01/22/2007