

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004914

FILED
Jan 24, 2009
Secretary of State

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

Current Principal Place of Business:

1060 COLONY ARMS DR
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

1060 COLONY ARMS DR
LAKELAND, FL 33813

New Mailing Address:

FEI Number: 59-3135261

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACLEOD, WILLIAM F
1060 COLONY ARMS DR
LAKELAND, FL 33813 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: T () Delete
Name: OMODIO, JIM
Address: 27746 PINE POINT DR
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D () Delete
Name: OMODIO, REATHA
Address: 27746 PINE POINT DR
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: S () Delete
Name: HANSEN, EVA
Address: 1425 EAST CRISAFULLI ROAD
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D () Delete
Name: AGNEW, JUDY
Address: 12582 S E 120TH ST
City-St-Zip: OCKLAWAHA, FL 32179

Title: P () Delete
Name: LOPEZ, LINDA
Address: 709 W. RIVER HEIGHTS
City-St-Zip: TAMPA, FL 33603

Title: D () Delete
Name: BATES, WALTER
Address: 16571 CAPE HORN BLVD
City-St-Zip: PUNTA GORDA, FL 33955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: LINDA LOPEZ

P

01/24/2009

Electronic Signature of Signing Officer or Director

Date