

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 722870

**Entity Name:** GREATER OCALA DOG CLUB, INC.

**Current Principal Place of Business:**

10205 NW GAINESVILLE RD  
OCALA, FL 34482

**Current Mailing Address:**

13938 N US HWY 441  
CITRA, FL 32113 US

**FEI Number:** 59-1581117

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HARRIS, CAROL S  
13938 N US HWY 441  
CITRA, FL 32113 US

*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:** CAROL S HARRIS

03/07/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BRIASCO, PHILIP  
Address        7 LAKE WOOD CIRCLE  
City-State-Zip: Ocala FL 34482

Title            VP  
Name            LAFRANCE, LINDA  
Address        16925 SE 165TH AVE  
City-State-Zip: WEIRSDALE FL 32195

Title            SECRETARY  
Name            DISIENA, PENNY  
Address        9180 SW 104TH LN  
City-State-Zip: Ocala FL 34481

Title            TREASURER  
Name            HARRIS, CAROL S  
Address        13938 N US HWY 441  
City-State-Zip: CITRA FL 32113

Title            DIRECTOR  
Name            RAY, DENISE  
Address        1504 NE 31ST PLACE  
City-State-Zip: Ocala FL 34479

Title            DIRECTOR  
Name            ROSENSTEEL, SUE ELLEN  
Address        11397 SE 92ND CT  
City-State-Zip: BELLEVIEW FL 34420

Title            DIRECTOR  
Name            LENOBEL, BRIAN  
Address        3300 NW 165TH ST  
City-State-Zip: CITRA FL 32113

Title            DIRECTOR  
Name            CURL, BRENDA  
Address        18991 NE 50TH ST  
City-State-Zip: WILLISTON FL 32596

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** CAROL S HARRIS

**TREASURER**

03/07/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            LYSHER, LINDA  
Address        PO BOX 770356  
City-State-Zip: Ocala FL 34477