

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22889

**Entity Name:** OCHLOCKONEE RIVER KENNEL CLUB OF FLORIDA, INC.**Current Principal Place of Business:**270 MERRITT LANE  
HAVANA, FL 32333**Current Mailing Address:**P O BOX 3185  
TALLAHASSEE, FL 32315 US**FEI Number:** 59-2810153**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JAMES, LEAH  
270 MERRITT LANE  
HAVANA, FL 32333 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:** LEAH JAMES

03/18/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FERRIS, BABETTE  
Address        P O BOX 3185  
City-State-Zip: TALLAHASSEE FL 32315

Title            TREASURER  
Name            CAMPBELL, ROXANN  
Address        P O BOX 3185  
City-State-Zip: TALLAHASSEE FL 32315

Title            DIRECTOR  
Name            JONES, JAMIE  
Address        P O BOX 3185  
City-State-Zip: TALLAHASSEE FL 32315

Title            VP  
Name            JAMES, LEAH  
Address        P O BOX 3185  
City-State-Zip: TALLAHASSEE FL 32315

Title            DIRECTOR  
Name            PEAKER, KATHY  
Address        P O BOX 3185  
City-State-Zip: TALLAHASSEE FL 32315

Title            DIRECTOR  
Name            HUFFMASTER, KATRINA  
Address        P O BOX 3185  
City-State-Zip: TALLAHASSEE FL 32315

Title            DIRECTOR  
Name            COGGESHALL, EMILY  
Address        P O BOX 3185  
City-State-Zip: TALLAHASSEE FL 32315

Title            DIRECTOR  
Name            RAMSDELL, DIANA  
Address        P O BOX 3185  
City-State-Zip: TALLAHASSEE FL 32315

**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:** ROXANN R. CAMPBELL

TREASURER

03/18/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	SECRETARY
Name	BOWDEN, SUSAN
Address	P O BOX 3185
City-State-Zip:	TALLAHASSEE FL 32315