

2025 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

04/07/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SANTNER, TIFFANY
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 VP
Name STRONG, ERIN
Address P O BOX 3185
City-State-Zip: TALLAHASSEE FL 32315

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

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

Title DIRECTOR
Name FOWLER, JANET
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

Title SECRETARY
Name MAKOWICZ, AMBER
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 CAMPBELL

TREASURER

04/07/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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