

2013 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 129006

Entity Name: JACKSONVILLE KENNEL CLUB, INC.**Current Principal Place of Business:**201 MONUMENT ROAD
JACKSONVILLE, FL 32225**Current Mailing Address:**P.O. BOX 959
ORANGE PARK, FL 32067-0959**FEI Number:** 59-0306410**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KORMAN, HOWARD I.
455 PARK AVENUE
ORANGE PARK, FL 32073 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	AS
Name	SMITH, MELISSA M
Address	625 LADY LAKE ROAD WEST
City-State-Zip:	JACKSONVILLE FL 32218

Title	ATD
Name	HOWELL, JOHN C
Address	351 11TH STREET
City-State-Zip:	ATLANTIC BEACH FL 32233

Title	TD
Name	BIDWILL, CHARLES WJR
Address	22 REGENT WOOD
City-State-Zip:	NORTHFIELD IL 60093

Title	CEO, DIRECTOR
Name	KORMAN, HOWARD I
Address	455 PARK AVENUE
City-State-Zip:	ORANGE PARK FL 32073

Title	D
Name	BURNETT, WILLIAM R
Address	590 LAKE FOREST DRIVE SE
City-State-Zip:	PINEHURST NC 28374

Title	DCS
Name	PATTON, MARY CARR
Address	455 PARK AVENUE
City-State-Zip:	ORANGE PARK FL 32073

Title	PRESIDENT
Name	JAMIE, SHELTON C
Address	833 WATERMAN RD N
City-State-Zip:	JACKSONVILLE FL 32207

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MELISSA M. SMITH

AS

06/17/2013

Electronic Signature of Signing Officer/Director Detail_____
Date