

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009987

FILED
Mar 10, 2010
Secretary of State

Entity Name: BOXER AID & RESCUE COALITION, INC.

Current Principal Place of Business:

2729 BALDWIN DR. SOUTH
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 12963
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 20-1778434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOTTA, TRULA
9361 STAR GATE WAY
TALLAHASSEE, FL 32309 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: P
Name: CHAPMAN, JENNIFER L
Address: 2729 BALDWIN DRIVE SOUTH
City-St-Zip: TALLAHASSEE, FL 32309

Title: VP
Name: GRAFFIUS-ASHCRAFT, KAREN
Address: 14126 RED HAWK ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: T
Name: MOTTA, TRULA
Address: 9361 STAR GATE WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: S
Name: REICHENBACH, COURTNEY
Address: 103 CAPTAINS COURT
City-St-Zip: ELIZABETH CITY, NC 27909

Title: D
Name: PENA, SUSAN
Address: 594 OLD TUNG GROVE ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: D
Name: WILLIS, TRUDY
Address: 1733 TIFFANY PINES DR
City-St-Zip: JACKSONVILLE, FL 32225

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: JENNIFER CHAPMAN

P

03/10/2010

Electronic Signature of Signing Officer or Director

Date