2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003757

Entity Name: SARASOTA K-9 SEARCH AND RESCUE, INC.

FILED Mar 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4730 COUNTRY MEADOWS BLVD SARASOTA, FL 34235 **Current Mailing Address: New Mailing Address:** 4730 COUNTRY MEADOWS BLVD SARASOTA, FL 34235 FEI Number: 65-0845818 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ABRAMS, JOSEPH 4730 COÚNTRY MEADOWS BLVD SARASOTA, FL 34235 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PDC () Change () Addition () Delete ABRAMS, PATRICIA Name: Name: 4730 COUNTRY MEADOWS BLVD Address: Address: City-St-Zip: SARASOTA, FL 34235 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MOORE, BARBARA Name: Address: 1425 NE 58TH AVE Address: City-St-Zip: OCALA, FL 34470 City-St-Zip: Title: () Delete Title: (X) Change () Addition MINKYKOWSKI, TERRY F Name: JESSICA, LUCAS Name: 4730 COUNTRY MEADOWS BLVD. 3351 TAMIAMI TRAIL Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: SARASOTA, FL 34235 () Delete Title: Title: () Change () Addition Name: TEW, TAMMY Name: 271 GRANT RD Address: Address: City-St-Zip: VENICE, FL 34292 City-St-Zip: Title: () Delete Title: () Change () Addition JOHNSON, MIKE Name: Name: 200 NORTH GROVE ST Address: Address: City-St-Zip: VENICE, FL 34292 City-St-Zip: Title: () Delete Title: () Change () Addition HALAS, JULIUS Name: Name: Address: 5490 GULF OF MEXICO DR Address: LONGBOAT KEY, FL 34228 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PATRICIA ABRAMS P 03/30/2004