

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000000390

**Entity Name:** K9S FOR WARRIORS RESEARCH INSTITUTE, INC**Current Principal Place of Business:**114 CAMP K9 ROAD  
PONTE VEDRA, FL 32081**Current Mailing Address:**114 CAMP K9 ROAD  
PONTE VEDRA, FL 32081 US**FEI Number:** 81-1120233**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DIAMOND, RORY  
114 CAMP K9 ROAD  
PONTE VEDRA, FL 32081 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 CEO  
Name DIAMOND, RORY  
Address 114 CAMP K9 ROAD  
City-State-Zip: PONTE VEDRA FL 32081

Title BOARD MEMBER  
Name HALL, CHIPPER  
Address 114 CAMP K9 ROAD  
City-State-Zip: PONTE VEDRA FL 32081

Title BOARD CHAIRMAN  
Name SWANSON, RON  
Address 114 CAMP K9 ROAD  
City-State-Zip: PONTE VEDRA FL 32081

Title SECRETARY/TREASURER  
Name CROZIR, CHARLIE  
Address 114 CAMP K9 ROAD  
City-State-Zip: PONTE VEDRA FL 32081

Title BOARD MEMBER  
Name DUVAL, SHARI  
Address 114 CAMP K9 ROAD  
City-State-Zip: PONTE VEDRA FL 32081

Title BOARD MEMBER  
Name BLANK, DANIE  
Address 114 CAMP K9 ROAD  
City-State-Zip: PONTE VEDRA FL 32081

Title CFO  
Name ABBOTT, ROBIN P  
Address 114 CAMP K9 ROAD  
City-State-Zip: PONTE VEDRA FL 32081

Title CHIEF OF STAFF  
Name DODSON, PATRICIA  
Address 114 CAMP K9 ROAD  
City-State-Zip: PONTE VEDRA FL 32081

*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: ROBIN ABBOTT****CFO****04/12/2019**

Electronic Signature of Signing Officer/Director Detail

Date