


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90185 038 ****61.25

DOCUMENT # 738821 1. Entity Name K AND C PET RESCUE AND ADOPTION SOCIETY, INC.					
Principal Place of Business 9160 COMMONWEALTH AVENUE JACKSONVILLE, FL 32220 US			Mailing Address 9160 COMMONWEALTH AVENUE JACKSONVILLE, FL 32220		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2113151	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MELTON, MARJORIE 9160 COMMONWEALTH AVENUE JACKSONVILLE, FL 32220-1251			7. Name and Address of New Registered Agent Name Marion U. Wehner, EA Street Address (P.O. Box Number is Not Acceptable) 515 College Drive City Middleburg FL Zip Code 32068		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Marion U. Wehner</i></u> MARION U. WEHNER 4-10-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WAGES, BILLIE 1027 ST CLAIR ST. JACKSONVILLE, FL 32254	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MELTON, MARJORIE 1080 N HALSEMA RD JACKSONVILLE, FL 32220	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRURENNA, DICKEY 1750 LIVE OAK DRIVE JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LORENZO, CHERYL 5426 ROSEDALE LANE JACKSONVILLE, FL 32244	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOOMFIELD, FRAN 3952 S LANE AVE JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONNELLAN, KYM 8 HOBART AVE BEVERLY, MA 01915	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Christy Melton</i></u> 04/24/2007 904-276-7686 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40085500



ATTACHMENT

40085363

#738821

Officers & Directors (additional)

Title: D

Name: Updike, Kelley L.

Address: 2041 Whitney Nicole Lane

City-St-Zip: Jacksonville, FL 32216