

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738821

FILED
Apr 30, 2009
Secretary of State

Entity Name: K AND C PET RESCUE AND ADOPTION SOCIETY, INC.

Current Principal Place of Business:

9160 COMMONWEALTH AVENUE
JACKSONVILLE, FL 32220 US

New Principal Place of Business:

Current Mailing Address:

9160 COMMONWEALTH AVENUE
JACKSONVILLE, FL 32220

New Mailing Address:

FEI Number: 59-2113151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEHNER, MARION U
515 COLLEGE DRIVE
MIDDLEBURG, FL 32068 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: VD () Delete
Name: WAGES, BILLIE
Address: 1027 ST CLAIR ST.
City-St-Zip: JACKSONVILLE, FL 32254

Title: TD () Delete
Name: MELTON, MARJORIE
Address: 1080 N HALSEMA RD
City-St-Zip: JACKSONVILLE, FL 32220

Title: PD () Delete
Name: TRURENNA, DICKEY
Address: 1750 LIVE OAK DRIVE
City-St-Zip: JACKSONVILLE, FL 32246

Title: SD () Delete
Name: LORENZO, CHERYL
Address: 5426 ROSEDALE LANE
City-St-Zip: JACKSONVILLE, FL 32244

Title: D () Delete
Name: BLOOMFIELD, FRAN
Address: 3952 S LANE AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: DONNELLAN, KYM
Address: 8 HOBART AVE
City-St-Zip: BEVERLY, MA 01915

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARJORIE MELTON

TD

04/30/2009

Electronic Signature of Signing Officer or Director

Date