2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008
Secretary of State

DOCUMENT# N01000005791

Entity Name: SOUTHEAST K-9 SEARCH AND RESCUE INC.

Current Principal Place of Business:

2870 SETTLERS BLVD
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

PO BOX 180541
TALLAHASSEE, FL 32318

New Mailing Address:

FEI Number: 59-3731968 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMMONS, PAT
2870 SETTLERS BLVD
TALLAHASSEE, FL 32302 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: C/D ( ) Delete
Name: SIMMONS, PAT
Address: 287 NORTH SETTLERS BLVD.
City-St-Zip: TALLAHASSEE, FL 323011901

Title: D/S ( ) Delete
Name: FREANEY, DONNA
Address: 150 DAWN LAUREN LN.
City-St-Zip: TALLAHASSEE, FL 323013409

Title: D/T ( ) Delete
Name: JANTS, WALTER C
Address: 11330 WHITEHOUSE RD.
City-St-Zip: TALLAHASSEE, FL 323178014

Title: D ( ) Delete
Name: EMBORSKY, ANNE
Address: 7366 SPRINGHWAK LOOP
City-St-Zip: TALLAHASSEE, FL 323058014

Title: D ( ) Delete
Name: ALLEN, BARBARA
Address: 7126 JOHN WAYNE COURT
City-St-Zip: TALLAHASSEE, FL 323058154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D/T (X) Change ( ) Addition
Name: SCHMITT, WILLIAM J D/TREAS
Address: 1601 SPRINGWOOD DRIVE
City-St-Zip: TALLAHASSEE, FL 323083727 US

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

Title: D (X) Change ( ) Addition
Name: GOODHOPE, SUSAN C DIRECTO
Address: 247 POND COURT
City-St-Zip: HAVANA, FL 32333

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: WILLIAM J SCHMITT TREA 03/04/2008

Electronic Signature of Signing Officer or Director — Date