

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007405

FILED
Jan 26, 2009
Secretary of State

Entity Name: FLORIDA SERVICE DOGS, INC.

Current Principal Place of Business:

4149 DAVIE CT.
JACKSONVILLE, FL 32210

New Principal Place of Business:

14882 YELLOW WATER LANE
JACKSONVILLE, FL 32234

Current Mailing Address:

PO BOX 14810
JACKSONVILLE, FL 32238

New Mailing Address:

FEI Number: 22-3883121 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTOPHERSON, CAROL A
14882 YELLOW WATER LANE
JACKSONVILLE, FL 32238 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: P () Delete
Name: CHRISTOPHERSON, CAROL A
Address: 14882 YELLOW WATER LANE
City-St-Zip: JACKSONVILLE, FL 32238

Title: S () Delete
Name: HOFFMEYER, SHARON
Address: 7824 WILDLIFE COURT
City-St-Zip: JACKSONVILLE, FL 32210

Title: T () Delete
Name: ANDREATTA, KIMBERLY
Address: 3767 GOLDEN REEDS LANE
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: BELL, KENT
Address: 3333 N UNIVERSITY BLVD
City-St-Zip: JACKSONVILLE, FL 32277

Title: D () Delete
Name: GLASSER, MARK
Address: 19630 WHISPERING PINES RD
City-St-Zip: MIAMI, FL 33157 88

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
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: CAROL A CHRISTOPHERSON

P

01/26/2009

Electronic Signature of Signing Officer or Director

Date