

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 06, 2007
Secretary of State

DOCUMENT# N02000004456

Entity Name: KODY SNODGRASS MEMORIAL FOUNDATION, INC.**Current Principal Place of Business:**5100 S MANATEE TERR
HOMOSASSA, FL 34446**New Principal Place of Business:****Current Mailing Address:**5162 S MANATEE TERR
HOMOSASSA, FL 34446**New Mailing Address:**D/B/A 832 K-9'S DEPUTY DOGS
5162 S MANATEE TERR
HOMOSASSA, FL 34446**FEI Number:** 82-0549013**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SNODGRASS, ANGELA A
5162 S MANATEE TERR
HOMOSASSA, FL 34446 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:** D () Delete
Name: HEATON, JEAN M
Address: 5114 S MANATEE TERR
City-St-Zip: HOMOSASSA, FL 34446**Title:** D () Delete
Name: SNODGRASS, REBEL C
Address: 5100 S SUFFOLK TERR
City-St-Zip: HOMOSASSA, FL 34446**Title:** D/T () Delete
Name: MCCOY, DEBORAH S
Address: 719 S HWY 28
City-St-Zip: NORWALK, IA 50211**Title:** D/C () Delete
Name: SNODGRASS, ANGELA A
Address: 5162 S MANATEE TERR
City-St-Zip: HOMOSASSA, FL 34446**Title:** D () Delete
Name: HUMPHREY, VICKIE J
Address: 3600 E GULF TO LAKE HWY
City-St-Zip: INVERNESS, FL 34453**Title:** D/S () Delete
Name: SULLIVAN, SUSAN A
Address: 7708 E ALLEN DR.
City-St-Zip: INVERNESS, FL 34450**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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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 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: ANGELA SNODGRASS

D/C

03/06/2007

Electronic Signature of Signing Officer or Director

Date