2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004456

Apr 27, 2008 Secretary of State

Entity Name: KODY SNODGRASS MEMORIAL FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5100 S MANATEE TERR HOMOSASSA, FL 34446

Current Mailing Address: 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: Name and Address of New Registered Agent:

SNODGRASS, ANGELA A 5162 S MANATEE TERR HOMOSASSA, FL 34446

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D/S (X) Change () Addition Name: HEATON, JEAN M Name: HEATON, JEAN M

Address: 5114 S MANATEE TERR
City-St-Zip: HOMOSASSA, FL 34446

Name: HEATON, JEAN M
Address: 5114 S MANATEE TERR
City-St-Zip: HOMOSASSA, FL 34446

Title: D () Delete Title: () Change () Addition

 Name:
 SNODGRASS, REBEL C
 Name:

 Address:
 5100 S SUFFOLK TERR
 Address:

 City-St-Zip:
 HOMOSASSA, FL 34446
 City-St-Zip:

US

Title: D/T () Delete Title: () Change () Addition

 Name:
 MCCOY, DEBORAH S
 Name:

 Address:
 719 S HWY 28
 Address:

 City-St-Zip:
 NORWALK, IA 50211
 City-St-Zip:

Title: D/C () Delete Title: () Change () Addition

 Name:
 SNODGRASS, ANGELA A
 Name:

 Address:
 5162 S MANATEE TERR
 Address:

 City-St-Zip:
 HOMOSASSA, FL 34446
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

Name:HUMPHREY, VÍCKIE JName:VELBOOM, RÁYAddress:3600 E GULF TO LAKE HWYAddress:38042 PASCO AVENUECity-St-Zip:INVERNESS, FL 34453City-St-Zip:DADE CITY, FL 33525

Title: D/S () Delete Title: D (X) Change () Addition

 Name:
 SULLIVAN, SUSAN A
 Name:
 SULLIVAN, SUSAN A

 Address:
 7708 E ALLEN DR.
 Address:
 7708 E ALLEN DR.

 City-St-Zip:
 INVERNESS, FL 34450
 City-St-Zip:
 INVERNESS, FL 34450

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: ANGELA SNODGRASS D/C 04/27/2008