

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N02000005471**

1. Entity Name

**GEORGEANNS HOMELESS, HOUNDS & FOSTER PROGRAM  
OF FLORIDA, INC.**



Principal Place of Business

Mailing Address

**4604 49TH STREET NORTH  
UNIT 8  
ST PETERSBURG FL 33709**

**4604 49TH STREET NORTH  
UNIT 8  
ST PETERSBURG FL 33709**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

**82-0555747**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BREWER, MICHAEL  
4604 49TH STREET NORTH  
UNIT 8  
ST PETERSBURG FL 33709**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*By its Michael G. Brewer*

*03-12-07*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By: May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPST  
BREWER, MICHAEL  
4604 49TH STREET NORTH UNIT 8  
ST PETERSBURG FL 33709** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**U00000676822  
03/30/07-80075-024 61.25** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KANE, LINDA  
5111 66TH STREET NORTH UNIT 403  
ST PETERSBURG FL 33709** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SHARP, TED  
5111 66TH STREET NORTH UNIT 403  
ST PETERSBURG FL 33709** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*By its Michael G. Brewer*

*03-12-07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Discipline Phone #