

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                       |                                                                                     |                                                                                                                                                                                                                                       |                                                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N02000005471</b><br>1. Entity Name<br><b>GEORGEANNS HOMELESS HOUNDS &amp; FOSTER PROGRAM OF FLORIDA, INC.</b>                                                                                                                                                                                                                                                                                                      |                                                                                                                       |                                                                                     |                                                                                                                                                                                                                                       |                                                                                                        |  |
| Principal Place of Business<br><b>4604 49TH STREET NORTH<br/>UNIT 8<br/>ST PETERSBURG FL 33709</b>                                                                                                                                                                                                                                                                                                                               |                                                                                                                       |                                                                                     | Mailing Address<br><b>4604 49TH STREET NORTH<br/>UNIT 8<br/>ST PETERSBURG FL 33709</b>                                                                                                                                                |                                                                                                        |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                       |                                                                                     | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                                                                                                                             |                                                                                                        |  |
| City & State<br>Zip Country                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                       |                                                                                     | City & State<br>Zip Country                                                                                                                                                                                                           |                                                                                                        |  |
| 4. FEI Number<br><b>82-0555747</b>                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                       |                                                                                     |                                                                                                                                                                                                                                       | Applied For<br><input type="checkbox"/> Not Applicable                                                 |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                       |                                                                                     |                                                                                                                                                                                                                                       | <b>\$8.75</b> Additional Fee Required                                                                  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BREWER, MICHAEL<br/>4604 49TH STREET NORTH<br/>UNIT 8<br/>ST PETERSBURG FL 33709</b>                                                                                                                                                                                                                                                                                   |                                                                                                                       |                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                                                        |  |
| 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.<br><br>SIGNATURE _____ DATE _____<br><small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when re-appointing)</small> |                                                                                                                       |                                                                                     |                                                                                                                                                                                                                                       |                                                                                                        |  |
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By: May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                       | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                                                                       | <b>\$5.00</b> May Be Added to Fees<br><br><b>Make Check Payable to<br/>Florida Department of State</b> |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                       |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                                                 |                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                 | DPST<br>BREWER, MICHAEL<br>4604 49TH STREET NORTH UNIT 8<br>ST PETERSBURG FL 33709<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                 | D<br>KANE, LINDA<br>5111 66TH STREET NORTH UNIT 403<br>ST PETERSBURG FL 33709<br><input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                 | D<br>SHARP, TED<br>5111 66TH STREET NORTH UNIT 403<br>ST PETERSBURG FL 33709<br><input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>000000811455<br>02/12/08-80008-021 61.25                                                                                                                         |                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> 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:** *Brewer, Michael Brewer, CEO*

*01-28-08 (729) 647-1719*