2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2009
Secretary of State

DOCUMENT# N02000005471

Entity Name: GEORGEANNS HOMELESS HOUNDS & FOSTER PROGRAM OF FLORIDA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

6252 COMMERCIAL WAY
#201
WEEKI WACHEE, FL 34613

FEI Number: 82-0555747 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BREWER, MICHAEL
4604 49TH STREET NORTH
UNIT 8
ST PETERSBURG, FL 33709 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: DPST ( ) Delete
Name: BREWER, MICHAEL
Address: 4604 49TH STREET NORTH UNIT 8
City-St-Zip: ST PETERSBURG, FL 33709

Title: D ( ) Delete
Name: KANE, LINDA
Address: 5111 66TH STREET NORTH UNIT 403
City-St-Zip: ST PETERSBURG, FL 33709

Title: D ( ) Delete
Name: SHARP, TED
Address: 5111 66TH STREET NORTH UNIT 403
City-St-Zip: ST PETERSBURG, FL 33709

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: PEEL, FRANCIS
Address: 10470 124TH TERRACE
City-St-Zip: LARGO, FL 33773

Title: D (X) Change ( ) Addition
Name: SHARP, TED
Address: 2753 SR 580 #203
City-St-Zip: CLEARWATER, FL 33761

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: MICHAEL BREWER DPST 01/18/2009

Electronic Signature of Signing Officer or Director — Date