2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# N03000009204

Entity Name: JF2 DOLPHIN THERAPY RESEARCH FOUNDATION, INC.

Current Principal Place of Business:

76 WAYNELL CIRCLE SE
FT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

76 WAYNELL CIRCLE SE
FT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 51-0486633 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FULLER, FRANK
76 WAYNELL CIRCLE SE
FT WALTON BEACH, FL 32548 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:	T	( ) Delete
Name:	FLOWERS, BETTY	
Address:	915 JASON DRIVE	
City-St-Zip:	NICEVILLE, FL 32578	
Title:	S	( ) Delete
Name:	FULLER, FRANK 76 WAYN	
Address:	76 WAYNELL CIRCLE SE	
City-St-Zip:	FT WALTON BEACH, FL 32548	
Title:	P	( ) Delete
Name:	FLOWERS, JANET	
Address:	76 WAYNELL CIRCLE SE	
City-St-Zip:	FT WALTON BEACH, FL 32548	
Title:	D	( ) Delete
Name:	SIEBENALER, J. GREGORY	
Address:	1010 MIRACLE STRIP PARKWAY	
City-St-Zip:	FORT WALTON BEACH, FL 32548	

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:	D	(X) Change ( ) Addition
Name:	FLOWERS, JENNIFER	
Address:	15 RUCKEL DRIVE	
City-St-Zip:	NICEVILLE, FL 32578	

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: FRANK FULLER AGEN 01/07/2009

Electronic Signature of Signing Officer or Director — Date