

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002578

FILED
Mar 27, 2009
Secretary of State

Entity Name: KAMP KRITTER RESCUE FOUNDATION, INC.

Current Principal Place of Business:

1650-31 MARGARET STREET
SUITE 208
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

Current Mailing Address:

1650-31 MARGARET STREET
SUITE 208
JACKSONVILLE, FL 32204 US

New Mailing Address:

FEI Number: 61-1467958

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOWLER, SUSAN M
1650-31 MARGARET STREET
SUITE 208
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

TOWLER, SUSAN M
281 MCDUFF AVE S
JACKSONVILLE, FL 32254 US

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:

03/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TOWLER, SUSAN M
Address: 1650-31 MARGARET STREET
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: D () Delete
Name: ESSER, ALICIA
Address: 4156 STRATFORD WAY
City-St-Zip: JACKSONVILLE, FL 32224 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: SUSAN M. TOWLER

PRES

03/27/2009

Electronic Signature of Signing Officer or Director

Date