

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009987

FILED
Sep 05, 2006
Secretary of State

Entity Name: BOXER AID & RESCUE COALITION, INC.

Current Principal Place of Business:

2729 BALDWIN DR. SOUTH
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 20172
TALLAHASSEE, FL 32316 US

New Mailing Address:

FEI Number: 20-1778434 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KELLY, JAKI
5000 SAWGRASS VILLAGE CIRCLE, STE. 28
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

KELLY, JAKI
8857 IVEY ROAD
JACKSONVILLE, FL 32216 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:

09/05/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KELLY, JAKI
Address: 8857 IVEY RD.
City-St-Zip: JACKSONVILLE, FL 32216

Title: P () Delete
Name: CHAPMAN, JENNIFER
Address: 2729 BALDWIN DR. S.
City-St-Zip: TALLAHASSEE, FL 32309

Title: V () Delete
Name: PENA, SUSAN
Address: 101 N. MONROE ST., STE. 1090
City-St-Zip: TALLAHASSEE, FL 32301

Title: V () Delete
Name: NEILL, JENNIFER
Address: 1908 KUSAIE DR.
City-St-Zip: JACKSONVILLE, FL 32246

Title: T () Delete
Name: MASTERS, DESTINY
Address: 7524 BROOKLINE RD.
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: D () Delete
Name: MOTTA, TRULA
Address: 9361 STAR GATE WAY
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KELLY, JAKI A
Address: 8857 IVEY RD.
City-St-Zip: JACKSONVILLE, FL 32216

Title: P (X) Change () Addition
Name: CHAPMAN, JENNIFER L
Address: 2729 BALDWIN DR. S.
City-St-Zip: TALLAHASSEE, FL 32309

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

Title: V (X) Change () Addition
Name: MORRISON, PATRICIA
Address: 1233 SW SUMMERTIME WAY
City-St-Zip: LAKE CITY, FL 32025

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 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: JENNIFER LEE CHAPMAN

P

09/05/2006

Electronic Signature of Signing Officer or Director

Date