# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 22, 2008**
**Secretary of State**

DOCUMENT# N04000009987

**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:**

2729 BALDWIN DR SOUTH
TALLAHASSEE, FL 32309

**New Mailing Address:**

PO BOX 12963
TALLAHASSEE, FL 32317

**FEI Number: 20-1778434** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOTTA, TRULA
9361 STAR GATE WAY
TALLAHASSEE, FL 32309 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: P ( ) Delete
Name: CHAPMAN, JENNIFER L
Address: 2729 BALDWIN DRIVE SOUTH
City-St-Zip: TALLAHASSEE, FL 32309

Title: VP ( ) Delete
Name: GRAFFIUS-ASHCRAFT, KAREN
Address: 14126 RED HAWK ROAD
City-St-Zip: TALLAHASSEE, FL 32312

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

Title: S ( ) Delete
Name: REICHENBACH, COURTNEY
Address: 5025 RIVERSIDE DRIVE
City-St-Zip: BRUNSWICK, GA 31520

Title: D ( ) Delete
Name: PENA, SUSAN
Address: 594 OLD TUNG GROVE ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: D ( ) Delete
Name: SHARP, REGINA
Address: 1814 SEDGEFIELD ROAD
City-St-Zip: TALLAHASSEE, FL 32317

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

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: JENNIFER LEE CHAPMAN P 04/22/2008

Electronic Signature of Signing Officer or Director — Date