2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2012
Secretary of State

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Entity Name: BOXER AID & RESCUE COALITION, INC.

Current Principal Place of Business:

10850 LUNA POINT ROAD
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 12963
TALLAHASSEE, FL 32317

New Mailing Address:

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

Name and Address of Current Registered Agent:

LEE, RONALD
3100 O'BRIEN DRIVE
TALLAHASSEE, FL 32308 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: D
Name: CHAPMAN, JENNIFER L
Address: 10850 LUNA POINT ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: P
Name: REICHENBACH, COURTNEY
Address: 103 CAPTAIN'S COURT
City-St-Zip: ELIZABETH CITY, NC 27909

Title: T
Name: DAWSON, HAYLEY
Address: 1112 UNION STREET
City-St-Zip: BRUNSWICK, GA 31520

Title: S
Name: PENA, SUSAN
Address: 594 OLD TUNG GROVE ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: D
Name: HALLOCK, DIANA
Address: 4354 AMBER VALLEY ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D
Name: WILLIS, TRUDY
Address: 1733 TIFFANY PINES DR
City-St-Zip: JACKSONVILLE, FL 32225

I hereby 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 all other like empowered.

SIGNATURE: JENNIFER LEE CHAPMAN D 02/12/2012

Electronic Signature of Signing Officer or Director Date