

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010403

FILED  
Jan 08, 2007  
Secretary of State

Entity Name: FLA FOUR LEGGED ADVOCATES, INC.

**Current Principal Place of Business:**

826 FIRST STREET SOUTH  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

**Current Mailing Address:**

826 FIRST STREET SOUTH  
WINTER HAVEN, FL 33880

**New Mailing Address:**

FEI Number: 20-1862880

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

LOCKHART, KIMBERLY  
305 AVENUE K SE  
WINTER HAVEN, FL 33880 US

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

LOCKHART, KIMBERLY  
826 FIRST STREET SOUTH  
WINTER HAVEN, FL 33880 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: \_\_\_\_\_

01/08/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DIR ( ) Delete  
Name: LOCKHART, KIMBERLY  
Address: 305 AVENUE K SE  
City-St-Zip: WINTER HAVEN, FL 33880

Title: DIR ( ) Delete  
Name: AMES, WENDY  
Address: 305 AVENUE K SE  
City-St-Zip: WINTER HAVEN, FL 33880

Title: DIR ( ) Delete  
Name: PEREZ, SUSAN  
Address: 305 AVENUE K SE  
City-St-Zip: WINTER HAVEN, FL 33880

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DIR (X) Change ( ) Addition  
Name: LOCKHART, KIMBERLY  
Address: 826 FIRST STREET SOUTH  
City-St-Zip: WINTER HAVEN, FL 33880

Title: DIR (X) Change ( ) Addition  
Name: AMES, WENDY  
Address: 826 FIRST STREET SOUTH  
City-St-Zip: WINTER HAVEN, FL 33880

Title: DIR (X) Change ( ) Addition  
Name: PEREZ, SUSAN  
Address: 826 FIRST STREET SOUTH  
City-St-Zip: WINTER HAVEN, FL 33880

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: KIMBERLY LOCKHART

DIR

01/08/2007

Electronic Signature of Signing Officer or Director

Date