

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # N04000010403

1. Entity Name
FLA FOUR LEGGED ADVOCATES, INC.



Principal Place of Business
826 FIRST STREET SOUTH
WINTER HAVEN, FL 33880

Mailing Address
826 FIRST STREET SOUTH
WINTER HAVEN, FL 33880



01022008 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-1862880

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LOCKHART, KIMBERLY
826 FIRST STREET SOUTH
WINTER HAVEN, FL 33880

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIR
LOCKHART, KIMBERLY
826 FIRST STREET SOUTH
WINTER HAVEN, FL 33880

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIR
AMES, WENDY
826 FIRST STREET SOUTH
WINTER HAVEN, FL 33880

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIR
PEREZ, SUSAN
826 FIRST STREET SOUTH
WINTER HAVEN, FL 33880

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000784848
01/16/08-80063-020 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kim Lockhart Jan. 2, 2008