

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000422

FILED
Feb 24, 2009
Secretary of State

Entity Name: BAY AREA RECOVERY K-9S OF FLORIDA, INC.

Current Principal Place of Business:

205 JACK AVE. NORTH
LEHIGH ACRES, FL 33971

New Principal Place of Business:

9330 N. ASHLEY ST.
TAMPA, FL 33612

Current Mailing Address:

205 JACK AVE. NORTH
LEHIGH ACRES, FL 33971

New Mailing Address:

9330 N. ASHLEY ST.
TAMPA, FL 33612

FEI Number: 30-0290415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLIS, MELISSA
205 JACK AVE. NORTH
LEHIGH ACRES, FL 33971 US

Name and Address of New Registered Agent:

NISTAL, LORALEI
9330 N. ASHLEY ST.
TAMPA, FL 33612 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: LORALEI NISTAL

02/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: ELLIS, MELISSA
Address: 205 JACK AVE N.
City-St-Zip: LEHIGH ACRES, FL 33971

Title: PD () Delete
Name: BRLECIC, SYLVIA
Address: 510 COUNTY ROAD 328
City-St-Zip: PIEDMONT, AL 36272

Title: STD () Delete
Name: NISTAL, LORALEI
Address: 9330 N. ASHLEY ST.
City-St-Zip: TAMPA, FL 33612

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:

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: SYLVIA BRLECIC

P/D

02/24/2009

Electronic Signature of Signing Officer or Director

Date