

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000000422

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

9330 N. ASHLEY ST.  
TAMPA, FL 33612 US

**New Principal Place of Business:**

**Current Mailing Address:**

9330 N. ASHLEY ST.  
TAMPA, FL 33612 US

**New Mailing Address:**

**FEI Number:** 30-0290415

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NISTAL, LORALEI  
9330 N. ASHLEY ST.  
TAMPA, FL 33612 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:** VD  
**Name:** ELLIS, MELISSA  
**Address:** 6104 1/2 MITCHELL AVE  
**City-St-Zip:** METAIRIE, LA 70003 US

**Title:** PD  
**Name:** BRLECIC, SYLVIA  
**Address:** 510 COUNTY ROAD 328  
**City-St-Zip:** PIEDMONT, AL 36272 US

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

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:** LORALEI NISTAL

STD

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date