## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Aug 06, 2004 8:00 am Secretary of State DOCUMENT # N06461 1. Entity Name 08-06-2004 90005 026 \*\*\*\*70.00 FLORIDA DOG GUIDES FOR THE DEAF, INC. Principal Place of Business Mailing Address 2016 27TH ST. E. 2016 27TH ST. E. **BRADENTON FL 34208 BRADENTON FL 34208** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (4/04) City & State City & State 4. FEI Number Applied For 38-2370342 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired **Fee Required** 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DICKINSON, ARLENE Street Address (P.O. Box Number is Not Acceptable) 2116 45TH STREET COURT EAST **BRADENTON FL 34208** City Zip Code 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By September 8, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. CSD TITLE ☐ Delete TITLE ☐ Change Addition DICKINSON, RANDY NAME NAME 2116 45TH ST. CT. E. STREET ADDRESS STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP CITY-ST-7tP . SD TITLE TITI E Change Addition ☐ Delete JOHNSON, KATHY NAME NAME 3959 COLERIDGE PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP TD Change ☐ Delete ☐ Addition JOHNSON, GARY L NAME NAME 3959 COLERIDGE PLACE STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-ZIP CITY-ST-ZIP PD ☐ Change ☐ Addition TITLE ☐ Delete TITLE DICKINSON, GERALD 2116 45TH STREET COURT E STREET ADDRESS STREET ADDRESS BRADENTON FL CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition DICKINSON, ARLENE MAME NAME 2116 45TH STREET COURT E STREET ADDRESS STREET ADDRESS **BRADENTON FL** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

kuson

**FILED**