2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06461

FILED Apr 17, 2009 Secretary of State

Entity Name: FLORIDA DOG GUIDES FOR THE DEAF, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
2016 27TH BRADENT	HSTE ON, FL 34208	US			
Current Mailing Address:			New Maili	New Mailing Address:	
2016 27TH BRADENT	HSTE ON, FL 34208	US			
FEI Number	: 38-2370342	FEI Number Applied For()	FEI Number Not Appli	icable () Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
2116 27TF	N, ARLENE ISTE ON, FL 34208	US			
	named entity s e of Florida.	submits this statement for the	e purpose of changing it	ts registered office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registered A	gent	Date	
OFFICER	S AND DIREC	TORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D () DICKINSON, AF 2116 27TH ST F BRADENTON, F	Ξ	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DS () JOHNSON, KAT 3959 COLERID SARASOTA, FL	GE PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DP () EVANS, BRIAN 4515 26TH ST V BRADENTON, F		Title: Name: Address: City-St-Zip:	DP (X) Change () Addition JOHNSON, GARY 3539 COLERIDGE PLACE SARASOTA, FL 34241 US	
Title: Name: Address: City-St-Zip:	DT () LAWLER-WALT 3004 34TH AVE BRADENTON, F	DR W	Title: Name: Address: City-St-Zip:	DT (X) Change () Addition WALTZ, ROBIN 2319 45TH ST. CT. E BRADENTON, FL 34208 US	
Title: Name: Address: City-St-Zip:	DV () EVANS, VALER 4515 26TH ST V BRADENTON, F	W, APT 108	Title: Name: Address: City-St-Zip:	DV (X) Change () Addition WALTZ, TIMOTHY 2319 445TH ST. CT. E BRADENTON, FL 34208 US	
Title: Name: Address: City-St-Zip:	D (X) NASH, PAUL 2016 27TH ST I BRADENTON, F		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: ARLENE DICKINSON DIR 04/17/2009