

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000035

FILED
May 04, 2009
Secretary of State

Entity Name: LAW ENFORCEMENT K9 FOUNDATION, INC.

Current Principal Place of Business:

3135 S.W. MAPP ROAD
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

3135 S.W. MAPP ROAD
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 20-5804922 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BEACON ACCOUNTING SERVICE, INC.
3135 S.W. MAPP ROAD
PALM CITY, FL 34990 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: P () Delete
Name: GANNON, KEVIN
Address: 929 N.W. WATER LILY PLACE
City-St-Zip: JENSEN BEACH, FL 34957

Title: VP () Delete
Name: FRITICHIE, MATT
Address: 10606 S.E. ROSEMARIE COURT
City-St-Zip: HOBE SOUND, FL 33455

Title: TREA () Delete
Name: HOLLORAN, JAMES
Address: 215 S.W. NORTH QUICK
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: SEC () Delete
Name: PETERSON, ROBERT
Address: 2846 S.W. FEROE
City-St-Zip: PALM CITY, FL 34990

Title: VP () Delete
Name: ROOT, DENNIS
Address: 2047 SW DOVE TAIL TERR
City-St-Zip: PALM CITY, FL 34990

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:

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: KEVIN GANNON

P

05/04/2009

Electronic Signature of Signing Officer or Director

Date