

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004062

FILED
Jan 16, 2008
Secretary of State

Entity Name: KODY'S SARDS RESEARCH ASSOCIATION, INC.

Current Principal Place of Business:

5852 PARSONS RD
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

5852 PARSONS RD
MILTON, FL 32570

New Mailing Address:

FEI Number: 20-8913396

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLOUNLACKER, PAUL ESQ
109 N PALAFOX STREET
PENSACOLA, FL 32502 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: TUCKER, EMMIE LOU
Address: 5852 PARSONS RD
City-St-Zip: MILTON, FL 32570

Title: V () Delete
Name: TUCKER, W. RONALD
Address: 5852 PARSONS RD
City-St-Zip: MILTON, FL 32570

Title: TS () Delete
Name: WILCOX, NORA DR.
Address: 11010 BRIDGE CREEK RD
City-St-Zip: PENSACOLA, FL 32506

Title: D () Delete
Name: MILLER, PAUL E DVM
Address: 2015 LINDEN DRIVE
City-St-Zip: MADISON, WI 537061102

Title: D () Delete
Name: HERRING, IAN DVM
Address: VIRGINIA TECH. DEPT OF SMALL ANIMAL CLINIC
City-St-Zip: BLACKSBURG, VA 240610442

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: EMMIE LOU TUCKER

P

01/16/2008

Electronic Signature of Signing Officer or Director

Date