

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004062

FILED  
Apr 18, 2009  
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 (X)**

**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:**

TUCKER, EMMIELOU  
5852 PARSONS RD.  
MILTON, FL 32570 US

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: EMMIELOU TUCKER

04/18/2009

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: EMMIELOU TUCKER

PRES

04/18/2009

Electronic Signature of Signing Officer or Director

Date