

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2008 8:00 am
Secretary of State

09-11-2008 90003 025 ****61.25

DOCUMENT # N07000012106	
1. Entity Name K-9 SHELTER & SANCTUARY, INC.	

Principal Place of Business 3511 - 2ND AVE SOUTH ST PETERSBURG, FL 33711	Mailing Address 3511 - 2ND AVE SOUTH ST PETERSBURG, FL 33711
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40115701



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SAME		City & State SAME	
Zip	Country	Zip	Country

08082008 Chg-NP CR2E037 (12/06)

4. FEI Number	☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LYONS, BOB 8405 HIMES AVE SUITE 231 TAMPA, FL 33614		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	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 re-registering)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	DECKER, DEBORAH R			NAME			
STREET ADDRESS	3511 - 2ND AVE SOUTH			STREET ADDRESS			
CITY- ST- ZIP	ST PETERSBURG, FL 33711			CITY- ST- ZIP			
TITLE	VP	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	BECHTEL, WILLIAM P			NAME			
STREET ADDRESS	3511 - 2ND AVE SOUTH			STREET ADDRESS			
CITY- ST- ZIP	ST PETERSBURG, FL 33711			CITY- ST- ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 647, 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #