

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002839

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: PAW IN HAND MATCH, INC.

## Current Principal Place of Business:

5002 FERNCREST DRIVE  
WINTER PARK, FL 32792 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 249  
GOLDENROD, FL 32733 US

## New Mailing Address:

5002 FERNCREST DRIVE  
WINTER PARK, FL 32792 US

FEI Number: 26-2236445

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

NEALS, DONNA L  
5002 FERNCREST DRIVE  
WINTER PARK, FL 32792 US

## Name and Address of New Registered Agent:

NEALS, DONNA L PRES  
5002 FERNCREST DRIVE  
WINTER PARK, FL 32792 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: DONNA L. NEALS

04/30/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: NEALS, DONNA L  
Address: 5002 FERNCREST DRIVE  
City-St-Zip: WINTER PARK, FL 32792 US

Title: VP ( ) Delete  
Name: MORGAN, CAROL  
Address: 638 WARRINGTON ROAD  
City-St-Zip: WINTER PARK, FL 32792 US

Title: SEC ( ) Delete  
Name: HART, MARGARET S  
Address: 4807 BIG OAKS LANE  
City-St-Zip: ORLANDO, FL 32806 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: NEALS, DONNA L MS.  
Address: 5002 FERNCREST DRIVE  
City-St-Zip: WINTER PARK, FL 32792 US

Title: VP (X) Change ( ) Addition  
Name: MORGAN, CAROL MS.  
Address: 638 WARRINGTON ROAD  
City-St-Zip: WINTER PARK, FL 32792 US

Title: SEC (X) Change ( ) Addition  
Name: HART, MARGARET S MS.  
Address: 4807 BIG OAKS LANE  
City-St-Zip: ORLANDO, FL 32806 US

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: DONNA L. NEALS

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date