2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N08000011306

Entity Name: FLORIDA K-9 SEARCH & RECOVERY, INC.

Current Principal Place of Business:

% JOHN P WHITE, P.A.
1575 PINE RIDGE ROAD, SUITE 10
NAPLES, FL 34109

New Principal Place of Business:

2443 PINE WOOD CIRCLE
NAPLES, FL 34105

Current Mailing Address:

% JOHN P WHITE, P.A.
1575 PINE RIDGE ROAD, SUITE 10
NAPLES, FL 34109

New Mailing Address:

2443 PINE WOOD CIRCLE
NAPLES, FL 34105

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITE, JOHN P
1575 PINE RIDGE ROAD
SUITE 10
NAPLES, FL 34109 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: D ( ) Delete
Name: LAWHON, ANTHONY M
Address: 3431 PINE RIDGE ROAD, SUITE 1
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete
Name: WHITE, JOHN P
Address: 1575 PINE RIDGE ROAD, SUITE 10
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete
Name: WHITE, ANN E
Address: 1575 PINE RIDGE ROAD, SUITE 10
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BODAH, MICHAEL J
Address: 2443 PINE WOOD CIRCLE
City-St-Zip: NAPLES, FL 34105

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: GAMBLIN, MICHELE L
Address: 2443 PINE WOOD CIRCLE
City-St-Zip: NAPLES, FL 34105

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: MICHAEL J BODAH DIR 04/02/2009
Electronic Signature of Signing Officer or Director — Date