

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000006442

FILED
Jan 14, 2012
Secretary of State

Entity Name: DOGS 4 PEOPLE ORGANIZATION, INC.

Current Principal Place of Business:

764 SW 7TH STREET
BOCA RATON, FL 33486

New Principal Place of Business:

8362 PINES BOULEVARD SUITE 196
PEMBROKE PINES, FL 33024

Current Mailing Address:

764 SW 7TH STREET
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 27-0716455

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REID, NANCY E
764 SW 7TH STREET
BOCA RATON, FL 33486 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
Name: REID, NANCY
Address: 764 SW 7TH STREET
City-St-Zip: BOCA RATON, FL 33486

Title: D
Name: YOUNG, DOUG
Address: 10871 W. CLAIRMONT CIRCLE
City-St-Zip: TAMARAC, FL 33321

Title: D
Name: VOLKMAN, LORRI
Address: 251 SW 97TH AVENUE
City-St-Zip: PEMBROE PINES, FL 33025

Title: D
Name: INGRAHAM, JANET
Address: 164 SE BONITA COURT
City-St-Zip: PORT SAINT LUCIE, FL 34989

Title: D
Name: DOUGLAS, BECKY
Address: 1407 SOUTH 26TH STREET
City-St-Zip: FT. PIERCE, FL 34947

Title: D
Name: WILL, MARTY
Address: 3735 NOX AVENUE N.
City-St-Zip: MINNEAPOLIS, MN 55412

I hereby 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 all other like empowered.

SIGNATURE: NANCY REID

D

01/14/2012

Electronic Signature of Signing Officer or Director

_____ Date