

**2008. NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90134 035 \*\*\*\*61.25

<b>DOCUMENT # N29604</b> 1. Entity Name <b>PROJECT PUP (PETS UPLIFTING PEOPLE) FOUNDATION, INC.</b>					
Principal Place of Business <b>6775 102 AVE N OFFICE A PINELLAS PARK, FL 33782</b>			Mailing Address <b>PO BOX 3488 SEMINOLE, FL 33775</b>		
2. Principal Place of Business - No P.O. Box # <b>11201 122ND AVE N</b>		3. Mailing Address Suite, Apt. #, etc. <b>M250</b>			
City & State <b>LARGO FL</b>		City & State _____		4. FEI Number <b>03-0007502</b>	
Zip <b>33778</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MILES, LINDA 7497 RIDGE RD SEMINOLE, FL 33772</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CULP, JERE</b> <b>11201 122ND AVE N. #M250</b> <b>LARGO, FL 33778</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>CULP, JERE</b> <b>11201 122ND AVE N #M250</b> <b>LARGO FL 33778</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>LUTTIER, BETTY</b> <b>9865 - 131 STREET NORTH</b> <b>SEMINOLE, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MATSON, DIANE</b> <b>649 RODEO DR</b> <b>LARGO, FL 33771</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TAPPAN, KAREN</b> <b>9533 86TH AVE N</b> <b>SEMINOLE, FL 33777</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>TAPPAN, KAREN</b> <b>9533 86TH AVE N</b> <b>SEMINOLE FL 33777</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARRINGTON, PAT</b> <b>11480 CARDINAL WAY</b> <b>LARGO, FL 33774</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRIGGS, JOY</b> <b>PO BOX 2471</b> <b>PINELLAS PARK, FL 33780</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CULLEN, JOHN</b> <b>13819 JAMAICA DR</b> <b>SEMINOLE FL 33776</b>	
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 617, 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.					
<b>SIGNATURE: Linda S Miles LINDA S. MILES 4/23/08 727-399-1032</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

PROJECT POP FOUNDATION

ATTACHMENT

Box 11 ☒ CHANGE

40082240

#N29604

TITLE VD

NAME TURNER, JANE

STREET 10263 137th LANE N

ADDRESS LARGO FL 33774

Box 11 ☒ DELETE

TITLE D

NAME KAPSA, LINDA

STREET 3460 COUNTRYSIDE BLVD #63

ADDRESS CLEARWATER FL 33761