## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N29604

FILED Apr 29, 2009 Secretary of State

Entity Name: PROJECT PUP (PETS UPLIFTING PEOPLE) FOUNDATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 11201 122ND AVE N 11800 PARK BLVD. M250 203 LARGO, FL 33778 SEMINOLE, FL 33772 **Current Mailing Address: New Mailing Address:** PO BOX 3488 SEMINOLE, FL 33775 FEI Number: 03-0007502 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MILES, LINDA TURNER, JANE H 11800 PARK BLVD 7497 RIDGE RD SEMINOLE, FL 33772 SEMINOLE, FL 33772 US 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: JANE H. TURNER 04/29/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CULP, JERE Name: Name: 11201 122ND AVE N. #M250 Address: Address: City-St-Zip: LARGO, FL 33778 City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete Name: MATSON, DIANE Name: TURNER, JANE H Address: 649 RODEO DR Address: 11800 PARK BLVD. City-St-Zip: LARGO, FL 33771 City-St-Zip: SEMINOLE, FL 33772 Title: PD () Delete Title: () Change () Addition TAPPAN, KAREN Name: Name: Address: 9533 86TH AVE N Address: City-St-Zip: SEMINOLE, FL 33777 City-St-Zip: Title: () Delete Title: () Change () Addition Name: CULLEN, JOHN Name: 13819 JAMAICA DR Address: Address: City-St-Zip: SEMINOLE, FL 33776 City-St-Zip:

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: JANE H. TURNER VP 04/29/2009