2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2009
Secretary of State

DOCUMENT# N94000001542

Entity Name: SUNSHINE INDEPENDENT AND THERAPY DOGS, INCORPORATED

Current Principal Place of Business:

111 REDBUD DR
INTERLACHEN, FL 32148 US

New Principal Place of Business:

Current Mailing Address:

111 REDBUD DR
INTERLACHEN, FL 32148 US

New Mailing Address:

FEI Number: 59-3234778 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUCIA, JUDITH A
111 REDBUD DR
INTERLACHEN, FL 32148 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: PD ( ) Delete
Name: LUCIA, JUDITH A
Address: 111 REDBUD DR
City-St-Zip: INTERLACHEN, FL 32148

Title: VPSD ( ) Delete
Name: LUCIA, JAMES R
Address: 111 REDBUD DR
City-St-Zip: INTERLACHEN, FL 32148

Title: T ( ) Delete
Name: MOORMAN, RICHARD
Address: RT. 4 BOX 528R
City-St-Zip: INTERLACHEN, FL 32148

Title: T ( ) Delete
Name: MOORMAN, CHERYL
Address: RT. 4 BOX 528R
City-St-Zip: INTERLACHEN, FL 32148

Title: T ( ) Delete
Name: TOWNSEND, MARY
Address: 123 WALTON ROAD
City-St-Zip: EAST PALATKA, FL 32131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: ( ) Change ( ) Addition
Name:
Address:
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: JUDY A LUCIA P 03/21/2009

Electronic Signature of Signing Officer or Director — Date