

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004400

FILED
Apr 11, 2009
Secretary of State

Entity Name: POLICE WORK DOG ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

3228 SW COHUTTA STREET
PORT SAINT LUCIE, FL 34953

New Principal Place of Business:

1105 HARTMAN ROAD
FORT PIERCE, FL 34947

Current Mailing Address:

P.O. BOX 12361
FORT PIERCE, FL 34979

New Mailing Address:

1105 HARTMAN ROAD
FORT PIERCE, FL 34947

FEI Number: 59-3318447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAVALLARO, ANTHONY E PRES
1105 HARTMAN ROAD
FORT PIERCE, FL 34947 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: PRES () Delete
Name: CAVALLARO, ANTHONY E PRES
Address: 1105 HARTMAN ROAD
City-St-Zip: FORT PIERCE, FL 34947

Title: VP () Delete
Name: SIRIANNI, ANTHONY VP
Address: 5842 MALTON STREET
City-St-Zip: NORTH PORT, FL 342865

Title: MEM () Delete
Name: KALFUS, ALAN MEM
Address: 3238 SW COHUTTA STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: TRES () Delete
Name: VOSS, RICHARD TRES
Address: 3375 S.W. 17TH STREET
City-St-Zip: OKEECHOBEE, FL 34974

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:

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: ANTHONY E. CAVALLARO

PRES

04/11/2009

Electronic Signature of Signing Officer or Director

Date