2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2011
Secretary of State

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Entity Name: NEW HORIZONS SERVICE DOGS, INC.

Current Principal Place of Business:

1590 LAUREL PARK CT.
ORANGE CITY, FL 32763 US

New Principal Place of Business:

Current Mailing Address:

1590 LAUREL PARK CT.
ORANGE CITY, FL 32763 US

New Mailing Address:

FEI Number: 59-3334829 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEVERT, JANET
1590 LAUREL PARK CT.
ORANGE CITY, FL 32763 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: MR.
Name: MICHAEL, RAY
Address: 1590 LAUREL PARK CT.
City-St-Zip: ORANGE CITY, FL 32763 US

Title: MRS.
Name: BROBERG, BEVERLY
Address: 1590 LAUREL PARK CT.
City-St-Zip: ORANGE CITY, FL 32763

Title: MS.
Name: POOLE, MICHELE
Address: 1590 LAUREL PARK CT.
City-St-Zip: ORANGE CITY, FL 32763

Title: MR.
Name: CRAIG, MICHAEL
Address: 1590 LAUREL PARK CT.
City-St-Zip: ORANGE CITY, FL 32763

Title: MS.
Name: CHESTER, SALLY RN
Address: 1590 LAUREL PARK CT.
City-St-Zip: ORANGE CITY, FL 32763

Title: MR.
Name: SWINDLE, MICHAEL ESQ.
Address: 1590 LAUREL PARK CT.
City-St-Zip: ORANGE CITY, FL 32763

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: JANET SEVERT MS. 01/10/2011

Electronic Signature of Signing Officer or Director Date