02251999-90025-050-$61.25-$61.25

# FILED
# Feb 25, 1999 8:00 am
# Secretary of State
02-25-1999 90025 050 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N98000001887**

1. Corporation Name
K-9 SEARCH AND RESCUE TEAMS OF FLORIDA, INC. - P
INELLAS COUNTY UNIT

286404 - 90058 - 48

| Principal Place of Business | Mailing Address |
|---|---|
| 1459 RUTH ROAD<br>DUNEDIN FL 34698 | 1459 RUTH ROAD<br>DUNEDIN FL 34698 |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br>03/30/1998 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-3502406 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certificate of Status Desired ☐ $~~8.75~~ Additional Fee Required |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees |

**9. Name and Address of Current Registered Agent**

SCAVUZZO, SHARON E
1459 RUTH ROAD
DUNEDIN FL 34698

**10. Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>Jennifer Tuttle<br>P.O. Box 2255<br>Palm Harbor, Fla. 34682 ☑ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | President<br>Suzanne Ames<br>1734 Groveleaf<br>Palm Harbor, Fl. 34683 ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Dir. of Emer. Svcs.<br>Jason Weissman<br>791 10th Ave. S.<br>St. Pete, Fla. 33707 ☑ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | Vice President<br>Charles Butler<br>4725 Wolfram Lane<br>Npr, Fl. 34653 ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Treasurer<br>Cheryl-Jessen<br>7870 10th Ave S.<br>St. Pete, Fla. 33709 ☑ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | Treasurer<br>Bruce Rao<br>1831 Nuthatch Way<br>Palm Harbor Fl. 34683 ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary<br>Trista Sampson #156<br>6910 Waterbay Blvd.<br>Tampa, Florida 33616 ☑ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | Secretary<br>Carla Parravani<br>2424 55th St. N.<br>St. Pete, Fl. 33710 ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | Director of Training<br>Bob Olesky<br>1401 61st St. S. #74<br>St. Pete, Fla. 33707 ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | Director of Technical<br>Steve Akehurst<br>5850 13th Ave. S. -204-0<br>Gulfport Fl. 33707 ☐ Change ☑ Addition |

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Sharon E. Scavuzzo 1/15/99 727-562-7886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Sharon E. Scavuzzo, Esquire, Founder & Director of Operations

02251999-90025-050 -$61.25-$61.25

286404-90058-48
Addition
N98000001887

DIRECTOR OF OPERATIONS
SHARON E. SCAVUZZO
1459 RUTH RD.
DUNEDIN, FLORIDA 34698

ATTACHMENT