

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003757

FILED
Apr 21, 2008
Secretary of State

Entity Name: SARASOTA K-9 SEARCH AND RESCUE, INC.

Current Principal Place of Business:

4730 COUNTRY MEADOWS BLVD
SARASOTA, FL 34235

New Principal Place of Business:

4730 COUNTRY MEADOWS BLVD
SARASOTA, FL 34235 US

Current Mailing Address:

P.O. BOX 51446
SARASOTA, FL 34232

New Mailing Address:

P.O. BOX 51446
SARASOTA, FL 34232 US

FEI Number: 65-0845818

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABRAMS, JOSEPH
4730 COUNTRY MEADOWS BLVD
SARASOTA, FL 34235 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: PDC () Delete
Name: ABRAMS, PATRICIA
Address: 4730 COUNTRY MEADOWS BLVD
City-St-Zip: SARASOTA, FL 34235

Title: V () Delete
Name: ABRAMS, JOSEPH
Address: 4730 COUNTRY MEADOWS BLVD
City-St-Zip: SARASOTA, FL 34235

Title: S () Delete
Name: ROSS, TRACY
Address: 3613 S. LOCKWOOD RIDGE RD
City-St-Zip: SARASOTA, FL 34239

Title: T () Delete
Name: GROSS, VICTORIA
Address: 7104 COUNTY ROAD 675 E
City-St-Zip: BRADENTON, FL 34211

Title: D () Delete
Name: LAHEY, DENNIS
Address: 611 CORNWELL ON THE GULF
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: HALAS, JULIUS
Address: 5490 GULF OF MEXICO DR
City-St-Zip: LONGBOAT KEY, FL 34228

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
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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: PATRICIA ABRAMS

P

04/21/2008

Electronic Signature of Signing Officer or Director

Date