2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# N99000003838

Entity Name: THE BULLDOGS-A SPECIAL NEEDS ORGANIZATION, INC.

Current Principal Place of Business:

3423 N HIATUS ROAD
FORT LAUDERDALE, FL 33351

New Principal Place of Business:

Current Mailing Address:

3423 N HIATUS ROAD
FORT LAUDERDALE, FL 33351

New Mailing Address:

FEI Number: 65-0945017 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, ROBERT H
3423 N HIATUS ROAD
FORT LAUDERDALE, FL 33351 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: VPD ( ) Delete
Name: LEONARDO, MICHELLE
Address: C/O 8333 W. MCNAB RD.
City-St-Zip: TAMARAC, FL 33321

Title: TD ( ) Delete
Name: COHEN, ROBERT H
Address: C/O 8333 MCNAB RD.
City-St-Zip: TAMARAC, FL 33321

Title: PD ( ) Delete
Name: COHEN, SUSAN
Address: C/O 8333 W. MCNAB RD.
City-St-Zip: TAMARAC, FL 33321

Title: VD (X) Delete
Name: HOOVER, RANDALL
Address: C/O 8333 W. MCNAB RD.
City-St-Zip: TAMARAC, FL 33321

Title: SD (X) Delete
Name: WINGER, LYNNE B
Address: C/O 8333 W. MCNAB RD.
City-St-Zip: TAMARAC, FL 33321

Title: SD ( ) Delete
Name: HOOVER, AMY B
Address: C/O 8333 W. MCNAB RD.
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: LEONARDO, MICHELLE
Address: C/O 3423 N HIATUS ROAD
City-St-Zip: SUNRISE, FL 33351

Title: TD (X) Change ( ) Addition
Name: COHEN, ROBERT H
Address: C/O 3423 N HIATUS ROAD
City-St-Zip: SUNRISE, FL 33351

Title: PD (X) Change ( ) Addition
Name: COHEN, SUSAN
Address: C/O 3423 N HIATUS ROAD
City-St-Zip: SUNRISE, FL 33351

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

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

Title: SD (X) Change ( ) Addition
Name: HOOVER, AMY B
Address: C/O 3423 N HIATUS ROAD
City-St-Zip: SUNRISE, FL 33351

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: ROBERT H COHEN TD 01/09/2009

Electronic Signature of Signing Officer or Director — Date