

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009202

FILED
Jan 19, 2009
Secretary of State

Entity Name: K9 SERVICES GERMAN SHEPHERD RESCUE, INC.

Current Principal Place of Business:

1690 DONNA DRIVE
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

1690 DONNA DRIVE
MIDDLEBURG, FL 32068

New Mailing Address:

FEI Number: 26-0881232

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WALDEN-HUGHES, NILA N
1690 DONNA DRIVE
MIDDLEBURG, FL 32068 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: D () Delete
Name: WALDEN-HUGHES, NILA N
Address: 1690 DONNA DRIVE
City-St-Zip: MIDDLEBURG, FL 32068

Title: D () Delete
Name: CHRISTOPHERSON, CAROL A
Address: 14882 YELLOW WATER LANE
City-St-Zip: JACKSONVILLE, FL 32234

Title: D () Delete
Name: WORLEY, MICHELLE M
Address: 553 HARRISON AVE.
City-St-Zip: ORANGE PARK, FL 32221

Title: D () Delete
Name: PARNELL, CINDY
Address: 11366 BRIAN LAKES DR.
City-St-Zip: JACKSONVILLE, FL 32221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: O (X) Change () Addition
Name: LYONAS, LISA
Address: 3223 HAMPTON AVE. E.
City-St-Zip: JACKSONVILLE, FL 32216

Title: O (X) Change () Addition
Name: PARNELL, CINDY
Address: 11366 BRIAN LAKES DR.
City-St-Zip: JACKSONVILLE, FL 32221

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: NILA NOLENE WALDEN-HUGHES

D

01/19/2009

Electronic Signature of Signing Officer or Director

Date