

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Apr 23, 2019**

**Secretary of State  
6434242613CC**

DOCUMENT# N14000008707

**Entity Name:** K9 PARTNERS FOR PATRIOTS, INC.

**Current Principal Place of Business:**

15322 AVIATION LOOP DR.  
BROOKSVILLE, FL 34604

**Current Mailing Address:**

15322 AVIATION LOOP DR.  
BROOKSVILLE, FL 34604 US

**FEI Number:** 47-1871810

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

PETER, MARY  
10090 WHISPER RIDGE TRL.  
WEEKI WACHEE, FL 34613 US

*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

**Officer/Director Detail :**

Title CEO/D  
Name PETER, MARY  
Address 10090 WHISPER RIDGE TRL.  
City-State-Zip: WEEKI WACHEE FL 34613

Title SECRETARY/D  
Name JAGGI, ALACIA  
Address 1214 GATEWOOD AVE.  
City-State-Zip: SPRING HILL FL 34608

Title DIRECTOR  
Name WHITE, JEANNE  
Address 25206 ASH STREET  
City-State-Zip: BROOKSVILLE FL 34601

Title CHAIRMAN, DIRECTOR  
Name APT, DAVID  
Address 1754 CAPTIVA DR.  
City-State-Zip: OLDSMAR FL 34677

Title D  
Name LAMBERT, DAVE  
Address 17030 SHADY HILLS RD  
#11082  
City-State-Zip: SHADY HILLS FL 34610

Title DIRECTOR  
Name DESANTIS, EDWARD  
Address 8846 PLAYERS DRIVE  
City-State-Zip: BROOKSVILLE FL 34613

Title DIRECTOR  
Name DESANTIS, GREGORY  
Address 9243 CYPRESS COVE  
City-State-Zip: WEEKI WACHEE FL 34613

Title TREASURER  
Name FLAVILLE, RONALD  
Address 13779 CR 739  
City-State-Zip: WEBSTER FL 33597

**Continues on page 2**

*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: RONALD E. FLAVILLE**

**COO**

**04/23/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           BUCHMILLER, BARRY  
Address        237 FOREST WOOD CT.  
City-State-Zip: SPRING HILL FL 34609