2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED Feb 18, 2020

Secretary of State

6153929605CC

Officer/Director Detail :

Title D. DIRECTOR Title SECRETARY/D PETER, MARY Name Name JAGGI, ALACIA

10090 WHISPER RIDGE TRL. 1214 GATEWOOD AVE. Address Address City-State-Zip: SPRING HILL FL 34608 WEEKI WACHEE FL 34613 City-State-Zip:

Title CHAIRMAN, DIRECTOR Title DIRECTOR

Name APT, DAVID WHITE, JEANNE Name

Address 1754 CAPTIVA DR. Address 25206 ASH STREET OLDSMAR FL 34677 City-State-Zip: BROOKSVILLE FL 34601 City-State-Zip:

Title DIRECTOR Title D

Name DESANTIS, EDWARD LAMBERT, DAVE Name Address 8846 PLAYERS DRIVE 17030 SHADY HILLS RD Address

#11082 City-State-Zip:

BROOKSVILLE FL 34613 City-State-Zip: SHADY HILLS FL 34610

Title CEO. TREASURER **DIRECTOR** Title Name FLAVILLE, RONALD

Name DESANTIS, GREGORY Address 13779 CR 739

Address 9243 CYPRESS COVE City-State-Zip: WEBSTER FL 33597

City-State-Zip: WEEKI WACHEE FL 34613

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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

CEO

02/18/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

NameBUCHMILLER, BARRYAddress237 FOREST WOOD CT.City-State-Zip:SPRING HILL FL 34609