#### 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: BERNIE CAMPBELL

Electronic Signature of Signing Officer/Director Detail

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:

#### **Officer/Director Detail :** Title D Title D Name CAMPBELL, BERNICE Name Address 2702 NW 49TH PLACE Address 17118 NW 138TH AVENUE City-State-Zip: ALACHUA FL 32615 City-State-Zip: GAINESVILLE FL 32605 Title D LYNCH, JAMES Name Address 3415 NW 46TH PLACE

City-State-Zip: GAINESVILLE FL 32605

GAINESVILLE. FL 32605

Electronic Signature of Registered Agent

# **Current Mailing Address:**

2702 NW 49TH PLACE

P.O. BOX 358979 GAINESVILLE. FL 32605

#### FEI Number: 47-1972546

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

CAMPBELL, BERNICE 2702 NW 49TH PLACE GAINESVILLE, FL 32605 US

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#### DOCUMENT# N1400008915

Entity Name: K9 VETERANS MEMORIAL FOUNDATION, INC.

### **Current Principal Place of Business:**

Certificate of Status Desired: No

RICHARD VAN DE DEN BOSCH

Date

## FILED Apr 28, 2015 Secretary of State CC7852780813

04/28/2015

Date

DIRECTOR