

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000008915

**Entity Name:** K9 VETERANS MEMORIAL FOUNDATION, INC.

**FILED**  
**Jan 30, 2017**  
**Secretary of State**  
**CC3992062247**

**Current Principal Place of Business:**

1241 NW 50TH AVE  
SUITE B  
GAINESVILLE, FL 32609

**Current Mailing Address:**

1241 NW 50TH AVE  
SUITE B  
GAINESVILLE, FL 32609 US

**FEI Number:** 47-1972546

**Certificate of Status Desired:** No

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

CAMPBELL, BERNICE  
9143 NW 62ND LANE  
GAINESVILLE, FL 32653 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 D  
Name CAMPBELL, BERNICE  
Address 9413 NW 62ND LANE  
City-State-Zip: GAINESVILLE FL 32653

Title D  
Name LYNCH, JAMES  
Address 3415 NW 46TH PLACE  
City-State-Zip: GAINESVILLE FL 32605

Title C  
Name CAMPBELL, ROBERT  
Address 3023 NW 128 RD  
City-State-Zip: GAINESVILLE FL 32609

*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:** BERNICE R CAMPBELL

**DIRECTOR**

**01/30/2017**

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

\_\_\_\_\_  
Date