

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N95000000588 (2)**

1. Corporation Name  
**K-9 SEARCH & RESCUE OF SOUTH FLORIDA, INC.**



Principal Place of Business: 10 LINCOLN AVE. LEHIGH ACRES FL 33936  
Mailing Address: 10 LINCOLN AVE. LEHIGH ACRES FL 33936

3. Date Incorporated or Qualified: 02/16/1994  
3a. Date of Last Report: 03/27/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0471808	Applied For Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Country	Country		

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**BARGET, RENEE**  
10 LINCOLN AVE.  
LEHIGH ACRES FL 33936

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *R. Barget* DATE: 2/10/96  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	D	<input type="checkbox"/> DELETE
NAME	BARGET, RENEE	
STREET ADDRESS	10 LINCOLN AVE.	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARGET, RICHARD	
STREET ADDRESS	10 LINCOLN AVE.	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BARGET, RICHARD A	
STREET ADDRESS	10 LINCOLN AVE.	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	TEMPLE, LANE	
STREET ADDRESS	744 PALMER AVE	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LIEBOWITZ, BARRY	
STREET ADDRESS	2765 14TH AVE. N.E.	
CITY-ST-ZIP	NAPLES FL 33964	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Vega, Nancy	
STREET ADDRESS	1117 S. Rushmore Ave	
CITY-ST-ZIP	Lehigh Acres, FL 33936	

1.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Unroe, Donna	
1.3 STREET ADDRESS	P.O. Box 1478	
1.4 CITY-ST-ZIP	Lehigh Acres, FL 33970-1478	
2.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Vega, Nancy	
2.3 STREET ADDRESS	1117 S. Rushmore Ave	
2.4 CITY-ST-ZIP	Lehigh Acres, FL 33936	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *R. Barget* *Renee J. Barget* DATE: 2/10/96 (941) 368-6345  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E087 (12/95)

2/29/96