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May 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33936-6760

3. Date Incorporated or Qualified: 02/16/1994  
3a. Date of Last Report: 02/29/1996

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-30)

4. FEI Number: 65-0471808  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
BARGET, RENEE  
10 LINCOLN AVE.  
LEHIGH ACRES FL 33936

10. Name and Address of New Registered Agent (81-85)

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARGET, RENEE	1.2 NAME	
STREET ADDRESS	10 LINCOLN AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARGET, RICHARD	2.2 NAME	
STREET ADDRESS	10 LINCOLN AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARGET, RICHARD A	3.2 NAME	
STREET ADDRESS	10 LINCOLN AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UNROE, DONNA	4.2 NAME	
STREET ADDRESS	P.O. BOX 1478	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33970-1478	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEGA, NANCY	5.2 NAME	
STREET ADDRESS	1117 S. RUSHMORE AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Secretary  
Vega Nancy  
1010 Dayton Ave.  
Lehigh Acres, FL 33972

Treasurer  
Terry Weaver  
719 Joel Blvd Apt. A  
Lehigh Acres, FL 33972

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

*[Handwritten signatures]*

CR2E037 (9/96)