


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90037 002 ****61.25

DOCUMENT # 756278
 1. Entity Name
 DOBERMAN RESCUE CONCERN, INC.



Principal Place of Business
 8023 WEST LAKE DRIVE
 WEST PALM BEACH, FL 33406

Mailing Address
 8023 WEST LAKE DRIVE
 WEST PALM BEACH, FL 33406

40017649



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02102007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
 59-2340103 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ARMSTRONG, NANCY
 8023 WEST LAKE DRIVE
 WEST PALM BEACH, FL 33406

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ARMSTRONG, NANCY	
STREET ADDRESS	8023 WEST LAKE DRIVE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE	VS	<input type="checkbox"/> Delete
NAME	COFFMAN, SUSAN	
STREET ADDRESS	11409 EAGLES NEST DRIVE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	TD	<input type="checkbox"/> Delete
NAME	AUBUCHON, THEODORE L	
STREET ADDRESS	320 N. F ST	
CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRAY, PAMELA	
STREET ADDRESS	19100 SW 304TH STREET	
CITY-ST-ZIP	HOMESTEAD, FL 33030	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, BIRDIE	
STREET ADDRESS	5320 S. ROMANS AVE.	
CITY-ST-ZIP	INVERNESS, FL. 34452	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nancy Armstrong*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/07 561 965-4361
Date Daytime Phone #