

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756278

FILED
Jan 16, 2009
Secretary of State

Entity Name: DOBERMAN RESCUE CONCERN, INC.

Current Principal Place of Business:

8023 WEST LAKE DRIVE
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

8023 WEST LAKE DRIVE
WEST PALM BEACH, FL 33406

New Mailing Address:

FEI Number: 59-2340103 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARMSTRONG, NANCY
8023 WEST LAKE DRIVE
WEST PALM BEACH, FL 33406 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARMSTRONG, NANCY
Address: 8023 WEST LAKE DRIVE
City-St-Zip: WEST PALM BEACH, FL 33406

Title: VS () Delete
Name: COFFMAN, SUSAN
Address: 11409 EAGLES NEST DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: TD () Delete
Name: AUBUCHON, THEODORE L
Address: 320 N. F ST
City-St-Zip: LAKE WORTH, FL 33460

Title: D () Delete
Name: JOHNSON, BIRDIE
Address: 5320 S ROMANS AVE
City-St-Zip: INVERNESS, FL 34452

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NANCY ARMSTRONG

Electronic Signature of Signing Officer or Director

MRS.

01/16/2009

Date