

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005764

FILED
Jan 24, 2009
Secretary of State

Entity Name: LABRADOR RETRIEVER RESCUE OF FLORIDA, INC.

Current Principal Place of Business:

11006 KEWANEE DR
TEMPLE TERRACE, FL 33617

New Principal Place of Business:

Current Mailing Address:

C/O HOROWITZ & KNOCH CPAS, PA
481 E HILLSBORO BLVD, #100A
DEERFIELD BEACH, FL 33441 US

New Mailing Address:

FEI Number: 59-3666954 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORNT0, HARRY
46 ROCKLEDGE AVE.
ROCKLEDGE, FL 32955 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: P () Delete
Name: STINE, CHERYL
Address: 7111 COVE PLACE
City-St-Zip: TAMPA, FL 33617

Title: T () Delete
Name: WOOLLEY, SUSAN
Address: 11006 KEWANEE DR
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: VPD () Delete
Name: KNIGHT, LISA
Address: 5751 SADDLE OAK TRAIL
City-St-Zip: SARASOTA, FL 34241

Title: D () Delete
Name: DROWN, VICKY
Address: 3414 QUAIL DR
City-St-Zip: DELTONA, FL 32738

Title: D () Delete
Name: BERNERT, KIM
Address: 620 SE 6 AVE
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: HIGGS, SANDY
Address: 143 DEEP WOODS WAY
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KNIGHT, LISA
Address: 5751 SADDLE OAK TRAIL
City-St-Zip: SARASOTA, FL 34214

Title: T (X) Change () Addition
Name: DROWN, VICKY
Address: 3414 QUAIL DRIVE
City-St-Zip: DELTONA, FL 32738

Title: VPD (X) Change () Addition
Name: RIGA, RICHARD
Address: 3370 SAINT JAMES AVE
City-St-Zip: DELTONA, FL 32738

Title: D (X) Change () Addition
Name: HALCOMB, TOBHE
Address: 582 HIBERNIA OAKS DR
City-St-Zip: FLEMING ISLAND, FL 32003

Title: CFO (X) Change () Addition
Name: BERNERT, KIM
Address: 620 SE 6 AVE
City-St-Zip: POMPANO BEACH, FL 33060

Title: D (X) Change () Addition
Name: RAMIREZ, TRACY
Address: 3715 W OBISPO ST
City-St-Zip: TAMPA, FL 33629

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: KIM BERNERT

Electronic Signature of Signing Officer or Director

CFO

01/24/2009

Date