

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2008
Secretary of State

DOCUMENT# N01000007914

Entity Name: EVERGLADES GOLDEN RETRIEVER RESCUE, INC.

Current Principal Place of Business:

10729 ROYAL CARRIBBEAN CIRCLE
BOYNTON BEACH, FL 334374287

New Principal Place of Business:

Current Mailing Address:

10729 ROYAL CARRIBBEAN CIRCLE
BOYNTON BEACH, FL 334374287

New Mailing Address:

FEI Number: 65-1157578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDMAN, MARLENE
10729 ROYAL CARRIBBEAN CIRCLE
BOYNTON BEACH, FL 334374287 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: T () Delete
Name: GOLDMAN, MARLENE
Address: 10729 ROYAL CARIBBEAN CIR
City-St-Zip: BOYNTON BEACH, FL 334374287

Title: VP () Delete
Name: LIPSON, JANE
Address: 5100 NW 78TH TERRACE
City-St-Zip: LAUDERHILL, FL 333515041

Title: D () Delete
Name: LOPATER, STACY
Address: 1161 KINGLET TERRACE
City-St-Zip: WELLINGTON, FL 334147034

Title: P () Delete
Name: SCOLNIK, HERMINE
Address: 7284 MOROCCA LAKE DR
City-St-Zip: DELRAY BEACH, FL 334463778

Title: D () Delete
Name: BAJART, EUNICE
Address: 8282 SANDPIPER GLEN DR
City-St-Zip: LAKE WORTH, FL 334676946

Title: S () Delete
Name: BITTLE, HOLLY
Address: 1750 NW 91ST TERRACE
City-St-Zip: PLANTATION, FL 333225225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP/S (X) Change () Addition
Name: LOPATER, STACY
Address: 1161 KINGLET TERRACE
City-St-Zip: WELLINGTON, FL 334147034

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

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

Title: D (X) Change () Addition
Name: LINDENFELD, ELLEN
Address: 11930 NW 29TH PLACE
City-St-Zip: SUNRISE, FL 333231544

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: MARLENE GOLDMAN

TREA

02/03/2008

Electronic Signature of Signing Officer or Director

Date