2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004
Secretary of State

DOCUMENT# N02000006451

Entity Name: EMERALD COAST GOLDEN RETRIEVER RESCUE, INC.

Current Principal Place of Business:

1711 MISSOURI AVENUE
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

1711 MISSOURI AVENUE
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 55-0795820 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TEER, BOB
1711 MISSOURI AVENUE
LYNN HAVEN, FL 32444

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: D ( ) Delete
Name: TEER, ROBERT J JR.
Address: 1711 MISSOURI AVENUE
City-St-Zip: LYNN HAVEN, FL 32444

Title: D ( ) Delete
Name: WIGLEY, ROBERT W JR.
Address: 8569 VEHLIN COURT
City-St-Zip: NAVARRE, FL 32544

Title: D ( ) Delete
Name: WIGLEY, PETRA M
Address: 8569 VEHLIN COURT
City-St-Zip: NAVARRE, FL 32544

Title: D ( ) Delete
Name: DAWSON, CLIFFORD B JR.
Address: 12 WISTERIA COURT NW
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D ( ) Delete
Name: DAWSON, KAREN E
Address: 12 WISTERIA COURT NW
City-St-Zip: FORT WALTON BEACH, FL 32548

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:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TEER ROBERT J JR D 04/21/2004

Electronic Signature of Signing Officer or Director — Date