


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90075 038 \*\*\*\*61.25

**DOCUMENT # N03000010906**

1. Entity Name  
**GAINESVILLE CANINE ACADEMY RESCUE, INC.**



Principal Place of Business  
 1226 B NW 8TH STREET  
 GAINESVILLE, FL 32601

Mailing Address  
 1226 B NW 8TH STREET  
 GAINESVILLE, FL 32601

2. Principal Place of Business  
 813 NW 6th Street  
 Suite, Apt. #, etc.

3. Mailing Address  
 813 NW 6th Street  
 Suite, Apt. #, etc.

City & State  
 Gainesville FL


City & State  
 Gainesville FL

Zip  
 32601

Country  
 USA

Zip  
 32601

Country  
 USA



04052004 Chg-NP CR2E037 (10/03)

4. FEI Number  
 20-0958497

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DUNLAP, MICHELLE**  
 1226 B NW 8TH STREET  
 GAINESVILLE, FL 32601

7. Name and Address of New Registered Agent

Name **Dunlap, Michelle**

Street Address (P.O. Box Number is Not Acceptable)  
**813 NW 6th Street**

City **Gainesville** **FL** Zip Code **32601**

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 Michelle Dunlap, Michelle Dunlap, President 4/5/04  
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, 2004**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DUNLAP, MICHELLE</b> <b>1226 B NW 8TH STREET</b> <b>GAINESVILLE, FL 32601</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Dunlap, Michelle</b> <b>813 NW 6th Street</b> <b>Gainesville, FL 32601</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Michelle Dunlap, Michelle Dunlap** 4/5/04 352371-1615  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #