

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90363 020 ****70.00

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03082007 Chg-NP CR2E037 (12/06)

DOCUMENT # N04000001654			
1. Entity Name RESCUED UNWANTED FURRY FRIENDS, INC.			
Principal Place of Business 127 MIRACLE STRIP PKWY SW STE N-7 FORT WALTON BEACH, FL 32548		Mailing Address 127 MIRACLE STRIP PKWY SW STE N-7 FORT WALTON BEACH, FL 32548	
2. Principal Place of Business - No P.O. Box # 91 READY AVE.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FORT WALTON BEACH, FL		City & State	
Zip 32548	Country USA	Zip	Country
4. FEI Number 20-0567829		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEAD, MICHAEL W 24 NORTH EAST WALTER MARTIN ROAD FORT WALTON BEACH, FL 32548		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, GENE	NAME	
STREET ADDRESS	127 MIRACLE STRIP PKWY SW STE N-7	STREET ADDRESS	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, JANICE F	NAME	
STREET ADDRESS	127 MIRACLE STRIP PKWY SW STE N-7	STREET ADDRESS	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	DIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICKLE, DONNA C	NAME	
STREET ADDRESS	127 MIRACLE STRIP PKWY STE N-7	STREET ADDRESS	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Marion E Brooks</u>		Date: <u>3/8/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <u>(850) 243-5609</u>	