

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000805

FILED  
Jan 09, 2007  
Secretary of State

Entity Name: FLORIDA DOBERMAN RESCUE, INC.

**Current Principal Place of Business:**

1451 TAMA RAN PLACE  
JACKSONVILLE, FL 32259 US

**New Principal Place of Business:**

**Current Mailing Address:**

1451 TAMA RAN PLACE  
JACKSONVILLE, FL 32259 US

**New Mailing Address:**

FEI Number: 59-3492619      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARNES, JANE  
1451 TAMA RAN PLACE  
JACKSONVILLE, FL 32259 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: VD ( ) Delete  
Name: BAMBER, BEVERLY  
Address: BOX 620  
City-St-Zip: NEWBERRY, FL 32669

Title: PTD ( ) Delete  
Name: BARNES, JANE  
Address: 1451 TAMA RAN PLACE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: SD ( ) Delete  
Name: MARELL, KAREN  
Address: 199 OSCEOLA COURT  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete  
Name: MARELL, KAREN  
Address: 199 OSCEOLA CT.  
City-St-Zip: WINTER PARK, FL 32789

Title: TRES ( ) Delete  
Name: BARNES, JANE  
Address: 1451 TAMA RAN PLACE  
City-St-Zip: JACKSONVILLE, FL 32259

**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 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: JANE BARNES

PRES

01/09/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date