

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 01, 2009  
Secretary of State**

DOCUMENT# N99000004209

Entity Name: FLORIDA COCKER SPANIEL RESCUE, INC.

**Current Principal Place of Business:**

LOVE ON PAWS  
4635 LAND O' LAKES BLVD.  
LAND O' LAKES, FL 34639

**New Principal Place of Business:**

**Current Mailing Address:**

FCSR  
27117 HICKORY HILL RD  
BROOKSVILLE, FL 34602

**New Mailing Address:**

FEI Number: 59-3581852      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CANSLER, CAROL  
27117 HICKORY HILL RD  
BROOKSVILLE, FL 34602      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: DP      ( ) Delete  
Name: CANSLER, CAROL  
Address: 27117 HICKORY HILL RD  
City-St-Zip: BROOKSVILLE, FL 346028290

Title: DVP      ( ) Delete  
Name: RICHARDSON, TIM  
Address: 4528 HOLLY TREE LN  
City-St-Zip: MORRISTOWN, TN 37814

Title: TS      ( ) Delete  
Name: RICHARDSON, DONNA  
Address: 4528 HOLLY TREE LN  
City-St-Zip: MORRISTOWN, TN 37814

**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:

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: DONNA RICHARDSON

TS

03/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date