

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008300

FILED  
Mar 18, 2009  
Secretary of State

Entity Name: SCHNAUZER RESCUE CINCINNATI, INC.

## Current Principal Place of Business:

5809 RED FOX DRIVE  
WINTER HAVEN, FL 33884

## New Principal Place of Business:

## Current Mailing Address:

5809 RED FOX DRIVE  
WINTER HAVEN, FL 33884

## New Mailing Address:

FEI Number: 37-1571688

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MILLER, PATRICIA  
5809 RED FOX DRIVE  
WINTER HAVEN, FL 33884 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: P ( ) Delete  
Name: MILLER, PATRICIA  
Address: 5809 RED FOX DRIVE  
City-St-Zip: WINTER HAVEN, FL 33884

Title: VP ( ) Delete  
Name: HETRICK, IRIS  
Address: 4093 MATTHEWS PLACE  
City-St-Zip: FORT KNOX, KY 40221

Title: S ( ) Delete  
Name: ANDREWS, MICHELLE  
Address: 440 LOIS DRIVE  
City-St-Zip: PITTSBURGH, PA 15236

Title: T ( ) Delete  
Name: YORK, SALLY  
Address: 5809 RED FOX DRIVE  
City-St-Zip: WINTER HAVEN, FL 33884

Title: D ( ) Delete  
Name: JARVIS, KYM  
Address: 46 E STATE STREET  
City-St-Zip: MILFORD CENTER, OH 43045

Title: D ( ) Delete  
Name: LITTLER, BARB  
Address: 2120 WELLS ROAD  
City-St-Zip: WATERFORD, OH 45786

## 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:

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: PATRICIA MILLER

PRES

03/18/2009

Electronic Signature of Signing Officer or Director

Date