## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#740810** 

FILED Jul 10, 2004 Secretary of State

Entity Name: DOBERMAN RESCUE LEAGUE, INC.

( ) Delete

Title:

Name:

Address:

City-St-Zip:

SD

DODRILL, KAY

3750 SW 47 AVE

HOLLYWOOD, FL 33023

**Current Principal Place of Business: New Principal Place of Business:** P O BOX 24065 OAKLAND PARK, FL 333071065 **Current Mailing Address: New Mailing Address:** P O BOX 24065 OAKLAND PARK, FL 333071065 FEI Number: 59-1818893 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SEDBERRY, DIANE SEDBERRY, DIANE 1430 NE 17 TERRACE 1430 NE 17 TERRACE FORT LAUDERDALE, FL 33301 US FORT LAUDERDALE, FL 33304 US 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: DIANE SEDBERRY 07/10/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete RYAN, CHRIS Name: Name: 6471 THOMAS ST. Address: Address: City-St-Zip: HOLLYWOOD, FL City-St-Zip: Title: VPD Title: VPD (X) Change ( ) Addition ( ) Delete Name: FALCON, MAGGIE Name: ROGELL, ROBERTA Address: 4724 NW 195 ST Address: 5200 NE 3 AVENUE City-St-Zip: MIAMI GARDENS, FL City-St-Zip: FT. LAUDERDALE, FL 33334 Title: () Delete Title: (X) Change ( ) Addition SEDBERRY, DIANE Name: SEDBERRY, DIANE Name: 1430 NE 17 TERR Address: Address: 1430 NE 17 TERR City-St-Zip: FT. LAUDERDALE, FL City-St-Zip: FT. LAUDERDALE, FL 33304

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DIANE SEDBERRY TD 07/10/2004

() Change () Addition