

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003993

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** JACKSONVILLE SHELTYE RESCUE, INC.

**Current Principal Place of Business:**

5204 BEIGE ST.  
JACKSONVILLE, FL 32258

**New Principal Place of Business:**

**Current Mailing Address:**

5204 BEIGE ST.  
JACKSONVILLE, FL 32258

**New Mailing Address:**

FEI Number: 59-3654160

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DUFFEY, DARLA M  
5204 BEIGE ST.  
JACKSONVILLE, FL 32258 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: PTD  
Name: DUFFEY, ERNEST N  
Address: 5204 BEIGE STREET  
City-St-Zip: JACKSONVILLE, FL 32258

Title: SD  
Name: DUFFEY, DARLA M  
Address: 5204 BEIGE STREET  
City-St-Zip: JACKSONVILLE, FL 32258

Title: VPD  
Name: WINBURN, MARY ELLEN  
Address: 10471 GREENHAVEN DR.  
City-St-Zip: JACKSONVILLE, FL 32216

I hereby 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 all other like empowered.

SIGNATURE: ERNEST N. DUFFEY

P

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date