

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005764

FILED  
Jan 12, 2005  
Secretary of State

**Entity Name:** LABRADOR RETRIEVER RESCUE OF FLORIDA, INC.

**Current Principal Place of Business:**

9416 LAKBUNTING DRIVE  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

C/O HOROWITZ & KNOCH CPAS, PA  
481 E HILLSBORO BLVD, #100A  
DEERFIELD BEACH, FL 33441 US

**New Mailing Address:**

**FEI Number:** 59-3666964      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GORNT0, HARRY  
46 ROCKLEDGE AVE.  
ROCKLEDGE, FL 32955 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: PD ( ) Delete  
Name: WOOLEY, SUSAN  
Address: 9416 LARKSBUNTING DRIVE  
City-St-Zip: TAMPA, FL 33647

Title: SD ( ) Delete  
Name: GORNT0, HARRY  
Address: 46 ROCKLEDGE AVE.  
City-St-Zip: ROCKLEDGE, FL 32955

Title: TD ( ) Delete  
Name: HARPER, KORINNE  
Address: 2641 YARMOUTH DR.  
City-St-Zip: WELLINGTON, FL 33414

Title: VPD ( ) Delete  
Name: CARLTON, JACKIE  
Address: PO BOX 260366  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D ( ) Delete  
Name: SAMPSON, JANET  
Address: 17790 96 ST  
City-St-Zip: LIVE OAK, FL 32060

Title: D ( ) Delete  
Name: BERNERT, KIM  
Address: 620 SE 6 AVE  
City-St-Zip: POMPANO BEACH, FL 33060

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD (X) Change ( ) Addition  
Name: STINE, CHERYL  
Address: 7111 COVE PLACE  
City-St-Zip: TAMPA, FL 33617

Title: PD (X) Change ( ) Addition  
Name: GORNT0, HARRY  
Address: 46 ROCKLEDGE AVE.  
City-St-Zip: ROCKLEDGE, FL 32955

Title: VPD (X) Change ( ) Addition  
Name: AMUNDRUD, LISE  
Address: 5547 RIVERTON RD  
City-St-Zip: JACKSONVILLE, FL 32277

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: KESTON, DANIELLE  
Address: 4804 BEACH PARK DR  
City-St-Zip: TAMPA, FL 33609

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 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.

SIGNATURE: KIM BERNERT

D

01/12/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date