

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000586

FILED
May 08, 2009
Secretary of State

Entity Name: F.I.N.O. DOGGIE RESCUE, INC.

Current Principal Place of Business:

5851 HOLMBERG ROAD
4014
PARKLAND, FL 330674528

New Principal Place of Business:

Current Mailing Address:

5851 HOLMBERG ROAD
4014
PARKLAND, FL 330674528

New Mailing Address:

FEI Number: 31-1783877 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILLIS, W. WORDEN
5851 HOLMBERG ROAD
4014
PARKLAND, FL 330674528 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: WILLIS, W. WORDEN
Address: 5851 HOLMBERG RD. 4014
City-St-Zip: PARKLAND, FL 330674528

Title: DVS () Delete
Name: CONNOR, PATTI
Address: 1732 NORTH HAMLET LANE
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: DV () Delete
Name: BERMAN, MARGO
Address: 3733 NE 163RD ST
City-St-Zip: N MIAMI BEACH, FL 33160

Title: DV () Delete
Name: CHANNON, MAXINE
Address: 7256 RICHMOND RD
City-St-Zip: WARSAW, VA 22572

Title: DV () Delete
Name: STALEY, NANCY
Address: 4558 ONTARIO DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

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:

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: W. WORDEN WILLIS

DPT

05/08/2009

Electronic Signature of Signing Officer or Director

Date