

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N01000000986

1. Entity Name

OLD ENGLISH SHEEPDOG RESCUE OF FLORIDA, INC.



FILED

Feb 22, 2007 08:00 AM

Secretary of State

Principal Place of Business.

5128 S W 87TH AVENUE  
COOPER CITY FL 33328

Mailing Address

5128 S W 87TH AVENUE  
COOPER CITY FL 33328

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

31-1794572

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRIDAVKA, STEPHEN M  
5128 S W 87TH AVENUE  
COOPER CITY FL 33328

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PRIDAVKA, STEPHEN M	
STREET ADDRESS	5128 S W 87TH AVENUE	
CITY- ST- ZIP	COOPER CITY FL 33328	

TITLE	D	<input type="checkbox"/> Delete
NAME	PRIDAVKA, CANDACE A	
STREET ADDRESS	5128 S W 87TH AVENUE	
CITY- ST- ZIP	COOPER CITY FL 33328	

TITLE	D	<input type="checkbox"/> Delete
NAME	MALONE, BARBARA J	
STREET ADDRESS	901 CENTRAL AVENUE S.E.	
CITY- ST- ZIP	PALM BAY FL 32909	

TITLE	D	<input type="checkbox"/> Delete
NAME	TOLOMEIO, GWEN E	
STREET ADDRESS	5964 NW 16TH COURT	
CITY- ST- ZIP	SUNRISE FL 33313	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000644502	
STREET ADDRESS	03/02/07-80044-014 70.00	
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Stephen M. Pridavka*

Stephen M. Pridavka

2/18/07 95411344973