

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # N01000000986

1. Entity Name

OLD ENGLISH SHEEPDOG RESCUE OF FLORIDA, INC.



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 (10/07)

4. FEI Number

31-1794572

Applied For

No: 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 is required when changing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D PRIDAVKA, STEPHEN M 5128 S W 87TH AVENUE COOPER CITY FL 33328	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D PRIDAVKA, CANDACE A 5128 S W 87TH AVENUE COOPER CITY FL 33328	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	U000000855146 03/27/08-80038-008 70.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MALONE, BARBARA J 901 CENTRAL AVENUE S.E. PALM BAY FL 32909	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D TOLOME0, GWEN E 5964 NW 16TH COURT SUNRISE FL 33313	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition

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. Pridakva *Secretary of State* 3/10/08 954-434-