

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000004554

FILED
Apr 11, 2005
Secretary of State

Entity Name: SHIH TZU AND FURBABY RESCUE, INC.

Current Principal Place of Business:

2059 SELVA MARINA DR
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

Current Mailing Address:

PO BOX 330200
ATLANTIC BEACH, FL 32233

New Mailing Address:

FEI Number: 59-3730443

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEY, MEREDITH J
2059 SELVA MARINA DR
ATLANTIC BEACH, FL 32233 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: MEREDITH J. COLEY

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COLEY, MEREDITH
Address: 2059 SELVA MARINA DR
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: T () Delete
Name: HUNT, EUPHA
Address: 7644 KING ROYCE RD
City-St-Zip: JACKSONVILLE, FL 32244

Title: DV () Delete
Name: FERNANDEZ, LORI
Address: 5879 E RIVERSIDE DR
City-St-Zip: GLEN SAINT MARY, FL 32040

Title: DT (X) Delete
Name: EVANS, SHANNON
Address: 1042 E LIBERTY CIR
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: DS () Delete
Name: FLOYD, RHONDA
Address: 4461 TRAVELERS RD
City-St-Zip: JACKSONVILLE, FL 32210

Title: T () Delete
Name: TORTORICI, LEE
Address: 10 LOCHMORE TERR
City-St-Zip: CHARLESTON, SC 29414

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:

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: MEREDITH J. COLEY

DP

04/11/2005

Electronic Signature of Signing Officer or Director

Date