

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004554

FILED
Apr 14, 2009
Secretary of State

Entity Name: SHIH TZU AND FURBABY RESCUE, INC.

Current Principal Place of Business:

346 OSPREY CIRCLE
SAINT MARY'S, GA 31558

New Principal Place of Business:

Current Mailing Address:

346 OSPREY CIRCLE
SAINT MARYS, GA 31558

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:

PIERCE, LORI
107 MARGARETT STREET
MACCLENLY, FL 32063 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: COLEY, MEREDITH
Address: 346 OSPREY CIRCLE
City-St-Zip: SAINT MARY'S, GA 31558 US

Title: DV () Delete
Name: RICHARDS, JANICE
Address: 192 PINEHURST DRIVE
City-St-Zip: FRANKFORT, KY 40601 US

Title: DS (X) Delete
Name: PIERCE, LORI
Address: 107 MARGARETT STREET
City-St-Zip: MACCLENLY, FL 32063 US

Title: DT (X) Delete
Name: FRANS, ROBIN
Address: 6 MADISON AVENUE
City-St-Zip: GEORGETOWN, MA 01833

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: PIERCE, LORI
Address: 107 MARGARETT STREET
City-St-Zip: MACCLENLY, FL 32063 US

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: MEREDITH COLEY

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date