

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004745

FILED
Apr 20, 2009
Secretary of State

Entity Name: LUCKY STAR CAVALIER RESCUE, INC.

Current Principal Place of Business:

23936 OAK TREE DRIVE
SORRENTO, FL 32776

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1173
SORRENTO, FL 327761173

New Mailing Address:

FEI Number: 59-3730351

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWIM, CHRISTOPHER A
23936 OAK TREE DRIVE
SORRENTO, FL 32776 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: P () Delete
Name: WEBB, TONI
Address: 421 STREAMVIEW LANE
City-St-Zip: STOCKBRIDGE, GA 30281

Title: S () Delete
Name: OLIBR, KIM
Address: 8040 BITTERN LANE
City-St-Zip: INDIANAPOLIS, IN 46256

Title: T () Delete
Name: HILBURN, DON E
Address: P.O. BOX 7054
City-St-Zip: CARMEL, CA 93921

Title: D () Delete
Name: BALKEMA, SALLY
Address: 1200 FOREST TRAIL
City-St-Zip: NEW BRAUNFELS, TX 78132

Title: D () Delete
Name: COYNE, MARY
Address: 31 FISHER STREET
City-St-Zip: WESTBOROUGH, MA 01581

Title: D () Delete
Name: MOORE, LINDA
Address: 4120 BENT TREE DRIVE
City-St-Zip: EDMOND, OK 73034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: OLIVE, KIM
Address: 8040 BITTERN LANE
City-St-Zip: INDIANAPOLIS, IN 46256

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: DON E. HILBURN

TREA

04/20/2009

Electronic Signature of Signing Officer or Director

Date