2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000005139

1. Entity Name
SCOTTISH FOLD RESCUE, INC.

Principal Place of Business	Mailing Address
21917 SE 162 AVE LOCHLOOSA, FL 32662 US	P.O.BOX 68 LOCHLOOSA, FL 32662 US

02282006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3755380
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DANIELSEN, LINNEA
21917 SE 162 AVE
LOCHLOOSA, FL 32662

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPRE
NAME	DANIELSEN, LINNEA
STREET ADDRESS	21917 SE 162 AVE
CITY-ST-ZIP	LOCHLOOSA, FL 32662
TITLE	DVP
NAME	SATIMORE, DELYNNE W
STREET ADDRESS	33 RUE CHARDONNEY
CITY-ST-ZIP	KENNER, LA 70065
TITLE	DSEC
NAME	GENTRY, JACQUELINE S
STREET ADDRESS	7416 BRANDSHIRE LN
CITY-ST-ZIP	DUBLIN, OH 43017
TITLE	DT
NAME	GUIDRY, GRACE
STREET ADDRESS	1180 FM 2324
CITY-ST-ZIP	EMORY, TX 75440
TITLE	D
NAME	WODRICH, LIZZ
STREET ADDRESS	860 WATERMAN RD.
CITY-ST-ZIP	SOUTH JACKSONVILLE, FL 32207
TITLE	D
NAME	FULTON, PEGGI
STREET ADDRESS	P.O.583, 3521 VERNON DR.
CITY-ST-ZIP	LA PORTE, CO 80535

000000455430
03/15/06-80057-016 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Grace Guidry Grace Guidry Feb 28, 2006 903-473-1692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #