

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005139

FILED  
Apr 19, 2007  
Secretary of State

Entity Name: SCOTTISH FOLD RESCUE, INC.

## Current Principal Place of Business:

21917 SE 162 AVE  
LOCHLOOSA, FL 32662 US

## New Principal Place of Business:

## Current Mailing Address:

P.O.BOX 68  
LOCHLOOSA, FL 32662 US

## New Mailing Address:

FEI Number: 59-3755380

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DANIELSEN, LINNEA  
21917 SE 162 AVE  
LOCHLOOSA, FL 32662 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: DPRE ( ) Delete  
Name: DANIELSEN, LINNEA  
Address: 21917 SE 162 AVE  
City-St-Zip: LOCHLOOSA, FL 32662 US

Title: DVP ( ) Delete  
Name: SATIMORE, DELYNNE W  
Address: 33 RUE CHARDONNEY  
City-St-Zip: KENNER, LA 70065 US

Title: DSEC ( ) Delete  
Name: GENTRY, JACQUELINE S  
Address: 7416 BRANDSHIRE LN  
City-St-Zip: DUBLIN, OH 43017 US

Title: DT ( ) Delete  
Name: GUIDRY, GRACE  
Address: 1180 FM 2324  
City-St-Zip: EMORY, TX 75440 US

Title: D ( ) Delete  
Name: WODRICH, LIZZ  
Address: 860 WATERMAN RD.  
City-St-Zip: SOUTH JACKSONVILLE, FL 32207 US

Title: D ( ) Delete  
Name: FULTON, PEGGI  
Address: P.O.583, 3521 VERNON DR.  
City-St-Zip: LA PORTE, CO 80535 US

## 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 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: GRACE F. GUIDRY

DT

04/19/2007

Electronic Signature of Signing Officer or Director

Date