

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005139

FILED
Jun 02, 2009
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:

P.O. BOX 82
LOCHLOOSA, FL 32662 US

FEI Number: 59-3755380 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: DT (X) Change () Addition
Name: GUIDRY, GRACE F
Address: 1180 FM 2324
City-St-Zip: EMORY, TX 75440 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: GRACE F. GUIDRY

DT

06/02/2009

Electronic Signature of Signing Officer or Director

Date