2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008
Secretary of State

DOCUMENT# N01000005669

Entity Name: COCKER RESCUE OF FORT LAUDERDALE, INC.

Current Principal Place of Business:

2201 NE 19TH AVE
WILTON MANORS, FL 33305

New Principal Place of Business:

Current Mailing Address:

2201 NE 19TH AVE
WILTON MANORS, FL 33305

New Mailing Address:

FEI Number: 65-1126156 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

STOVALL, TERRI C
2201 NE 19TH AVE
WILTON MANORS, FL 33305 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: D ( ) Delete
Name: VANDERELEY, LESLIE
Address: 1645SE 7TH ST
City-St-Zip: FT LAUDERDALE, FL 33315 US

Title: PRES ( ) Delete
Name: STOVALL, TERRI
Address: 2201 NE 19TH AVE
City-St-Zip: FT LAUDERDALE, FL 33305 US

Title: D ( ) Delete
Name: MCGRATH, BARBARA
Address: 5975 ROYAL ISLE BLVD.
City-St-Zip: BOYTON BEACH, FL 33437 US

Title: D ( ) Delete
Name: GUTRIDGE, BARBARA
Address: 2201 NE 19TH AVE
City-St-Zip: WILTON MANORS, FL 33305 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CLARKE, LINDA
Address: 14450 SW 23RD ST
City-St-Zip: FT LAUDERDALE, FL 33325 US

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

Title: D (X) Change ( ) Addition
Name: HERMANSON, MIKE
Address: 1048 DOLPHIN DR
City-St-Zip: CAPE CORAL, FL 33904 US

Title: D (X) Change ( ) Addition
Name: HERMANSON, JONNIE
Address: 1048 DOLPHIN DR
City-St-Zip: CAPE CORAL, FL 33904 US

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: TERRI STOVALL PRES 05/02/2008

Electronic Signature of Signing Officer or Director — Date