2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
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)**

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: CLARKE, LINDA
Address: 14450 SW 23RD ST
City-St-Zip: FT LAUDERDALE, FL 33325 US

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: KNIGHT, KAREN
Address: 1404 SE 11TH CT.
City-St-Zip: FT LAUDERDALE, FL 33316 US

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

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

Title: D (X) Change ( ) Addition
Name: CLOUD, IRENE
Address: 8211 MAR DEL PLATA
City-St-Zip: JACKSONVILLE, FL 32250 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 04/30/2009

Electronic Signature of Signing Officer or Director — Date