

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 15, 2004  
Secretary of State**

DOCUMENT# N01000007914

Entity Name: EVERGLADES GOLDEN RETRIEVER RESCUE, INC.

**Current Principal Place of Business:**

9451 NW 21 MANOR  
SUNRISE, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

9451 NW 21 MANOR  
SUNRISE, FL 33322

**New Mailing Address:**

FEI Number: 65-1157578      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SNOW-POSNER, DIANNE  
9451 NW 21 MANOR  
SUNRISE, FL 33322      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: DP      ( ) Delete  
Name: GOLDMAN, MARLENE  
Address: 10729 ROYAL CARIBBEAN CIR  
City-St-Zip: BOYNTON BCH, FL 33437

Title: DV      ( ) Delete  
Name: THOMPSON, BERNARDINE  
Address: 14650 N BECKLEY SQ  
City-St-Zip: DAVIE, FL 33325

Title: S      ( ) Delete  
Name: SCOINIK, HERMINE  
Address: 7284 MOROCCA LAKE DR  
City-St-Zip: DELRAY BEACH, FL 334463778

Title: T      ( ) Delete  
Name: KING, SUSAN  
Address: 120 GALIANO ST.  
City-St-Zip: ROYAL PALM BEACH, FL 334111231

Title: D      ( ) Delete  
Name: CLARK, KARA  
Address: 8631 NW 24 PL  
City-St-Zip: SUNRISE, FL 33322

Title: D      ( ) Delete  
Name: SNOW-POSNER, DIANNE  
Address: 9451 N.W. 21 MANOR  
City-St-Zip: SUNRISE, FL 333223616

**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 Section 119.07(3)(i), 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: SUSAN KING

T

07/15/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date