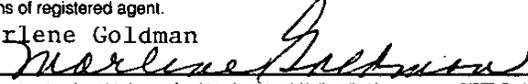
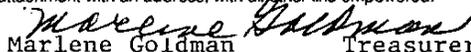


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90035 026 ****61.75

DOCUMENT # N01000007914					
1. Entity Name EVERGLADES GOLDEN RETRIEVER RESCUE, INC.					
Principal Place of Business 9451 NW 21 MANOR SUNRISE, FL 33322		Mailing Address 9451 NW 21 MANOR SUNRISE, FL 33322		50015825 	
2. Principal Place of Business 10729 Royal Caribbean Circle		3. Mailing Address 10729 Royal Caribbean Circle			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042005 Chg-NP CR2E037 (10/03)	
City & State Boynton Beach, FL		City & State Boynton Beach, FL		4. FEI Number 65-1157578	
Zip 33437-4287		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SNOW-POSNER, DIANNE 9451 NW 21 MANOR SUNRISE, FL 33322			7. Name and Address of New Registered Agent Name Marlene Goldman Street Address (P.O. Box Number is Not Acceptable) 10729 Royal Caribbean Circle City Boynton Beach FL Zip Code 33437-4287		
8. 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. I am familiar with, and accept the obligations of registered agent. Marlene Goldman SIGNATURE  DATE February 14, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOLDMAN, MARLENE 10729 ROYAL CARIBBEAN CIR BOYNTON BCH, FL 33437 <input type="checkbox"/> Delete	TITLE -Treasurer NAME STREET ADDRESS CITY-ST-ZIP	Marlene Goldman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10729 Royal Caribbean Circle Boynton Beach, FL 33437-4287		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV THOMPSON, BERNARDINE 14650 N BECKLEY SQ DAVIE, FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bernardine Thomson 4696 SW 100th St Ocala, FL 33476-7790		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCOINIK, HERMINE 7284 MOROCCA LAKE DR DELRAY BEACH, FL 334463778 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition Hermine Scolnik 7284 Morocca Lake Dr. Delray Beach, FL 33446-3778		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KING, SUSAN 120 GALIANO ST. ROYAL PALM BEACH, FL 334111231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hermine Scolnik 7284 Morocca Lake Dr. Delray Beach, FL 33446-3778		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, KARA 8631 NW 24 PL SUNRISE, FL 33322 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jane Donelson 18915 NW 10th St Pembroke Pines, FL 33029-2926		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNOW-POSNER, DIANNE 9451 N.W. 21 MANOR SUNRISE, FL 333223616 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition Susan King 120 Galiano St Royal Palm Beach, FL 33411-1231		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Marlene Goldman		Treasurer		February 14, 2005 561-742-8545	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	