

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000925

FILED  
Mar 10, 2005  
Secretary of State

Entity Name: REDLAND RESCUE, INC.

**Current Principal Place of Business:**

19100 S.W. 304TH STREET  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

19100 S.W. 304TH STREET  
HOMESTEAD, FL 33030

**New Mailing Address:**

P.O. BOX 901616  
HOMESTEAD, FL 33090

FEI Number: 04-3604343

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GRAY, PAMELA  
19100 S.W. 304TH STREET  
HOMESTEAD, FL 33030 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: PD ( ) Delete  
Name: GRAY, PAMELA  
Address: 19100 S.W. 304 ST.  
City-St-Zip: HOMESTEAD, FL 33030

Title: VD ( ) Delete  
Name: RUSSO, JOAN  
Address: 441 W. TROPICAL WAY  
City-St-Zip: PLANTATION, FL 33317

Title: STD ( ) Delete  
Name: GRAY, TIM  
Address: 19100 S.W. 304TH STREET  
City-St-Zip: HOMESTEAD, FL 33030

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TSD (X) Change ( ) Addition  
Name: GRAY, PAMELA  
Address: 19100 S.W. 304 ST.  
City-St-Zip: HOMESTEAD, FL 33030

Title: PD (X) Change ( ) Addition  
Name: RUSSO, JOAN  
Address: 441 W. TROPICAL WAY  
City-St-Zip: PLANTATION, FL 33317

Title: VD (X) Change ( ) Addition  
Name: SANDERS, SAMUEL R  
Address: 8650 NW 21 CT.  
City-St-Zip: SUNRISE, FL 33322

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: PAMELA GRAY

TSD

03/10/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date