

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005405

FILED  
May 18, 2005  
Secretary of State

**Entity Name:** CANINE RESCUE AND REHABILITATION, INC.

**Current Principal Place of Business:**

PO BOX 1312  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

10313 WEST LAKE ROAD  
MILTON, FL 32583

**Current Mailing Address:**

P.O. BOX 1312  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

10313 WEST LAKE ROAD  
MILTON, FL 32583

**FEI Number:** 05-0548047      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

GATLIFF, VICKIE A  
241 TURTLE CREEK DRIVE  
SANTA ROSA BEACH, FL 32459      US

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

NICKERSON, JAN  
10313 WEST LAKE ROAD  
MILTON, FL 32583      US

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: JAN NICKERSON

05/18/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: JOHNSON, KATE  
Address: 404 SEABREEZE CIR  
City-St-Zip: SEACREST, FL 32413

Title: D      ( ) Delete  
Name: TOWNE, SUE  
Address: 93 FAIRWAY DRIVE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D      ( ) Delete  
Name: THIBAUT, DELTA  
Address: 36 BRIAN CIR  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D      (X) Delete  
Name: EVANS, JANET  
Address: 124 CASSINE GARDENS CIRCLE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D      (X) Delete  
Name: BONJEAN, DYANE  
Address: 77 ADIAR LANE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: PD      (X) Delete  
Name: GATLIFF, VICKIE A  
Address: PO BOX 1312  
City-St-Zip: SANTA ROSA BEACH, FL 32459

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

Title: DP      (X) Change ( ) Addition  
Name: NICKERSON, JAN  
Address: 10313 WEST LAKE ROAD  
City-St-Zip: MILTON, FL 32583

Title: D      (X) Change ( ) Addition  
Name: FOSTER, JACKIE  
Address: 527 DRACENA WAY  
City-St-Zip: GULF BREEZE, FL 32561

Title: D      (X) Change ( ) Addition  
Name: MATHEWS, PAM  
Address: 407 WILDWOOD STREET  
City-St-Zip: WYNN HAVEN, FL 32569

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: JAN NICKERSON

DP

05/18/2005

Electronic Signature of Signing Officer or Director

Date