


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2007 SEP 14 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900109712829  
09/26/07--01048--017 \*\*61.25

DOCUMENT # N02000006451					
1. Entity Name EMERALD COAST GOLDEN RETRIEVER RESCUE, INC.					
Principal Place of Business <del>100 RIDGE LANE</del> <del>NICEVILLE, FL 32578</del>			Mailing Address <del>P.O. BOX 6326</del> <del>NICEVILLE, FL 32578</del>		
2. Principal Place of Business - No P.O. Box # 548 Mary Esther Cutoff			3. Mailing Address Same		
Suite, Apt. #, etc. Ste. 130			Suite, Apt. #, etc.		
City & State FWB, FL			City & State		
Zip 32548	Country U.S.A.	Zip	Country	4. FEI Number 55-0795820	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <del>KIEFFER, ANNA M</del> <del>100 RIDGE LANE</del> <del>NICEVILLE, FL 32578</del>				7. Name and Address of New Registered Agent Name Tracey J. Hyde Street Address (P.O. Box Number is Not Acceptable) 1201 Tammy Lane City Callaway FL Zip Code 32404	
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. SIGNATURE <u>Tracey J. Hyde</u> (NOTE: Registered Agent signature required when reappointing) DATE 9/14/07					
Filing Fee is \$61.25 Due by September 14, 2007		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	<del>PRES</del> <del>BOWSER, NICOLE</del> <del>38 STOWERS RD</del> <del>MARY ESTHER, FL 32560</del>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President William Hyde 1201 Tammy Lane Callaway, FL 32404	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VP</del> <del>ELLIOTT, STACY</del> <del>160 NICOLE LANE</del> <del>GRESTVIEW, FL 32509</del>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Adoption Coordinator Bob Teer 1711 Missouri Ave. Lynn Haven, FL 32444	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SEC</del> <del>WELINGTON, TERRY</del> <del>3951 ASHLAND AVE</del> <del>PENSACOLA, FL 32534</del>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Sandi Christy 122 Mariner Lane Port St. Joe, FL 32456	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>TREA</del> <del>KIEFFER, ANNA M</del> <del>100 RIDGE LANE</del> <del>NICEVILLE, FL 32578</del>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Tammy Hoglen 2413 Kodiak Court Navarre, FL 32566	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Intake Coordinator Rocky Yates P.O. Box 171 Destin, FL 32540	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Foster Coordinator Karen Hall 4011 W. 27th Court Panama City, FL 32405	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>William Hyde</u>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
WILLIAM HYDE			9/14/07 850-896-3448		
			Daytime Phone #		