2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N02000006451

Entity Name: EMERALD COAST GOLDEN RETRIEVER RESCUE, INC.

Current Principal Place of Business:

1711 MISSOURI AVENUE
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

2310 S HWY 77
SUITE 110, BOX 108
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 55-0795820 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HYDE, TRACEY J
1201 TAMMY LANE
CALLAWAY, FL 32404 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: P ( ) Delete
Name: HYDE, WILLIAM
Address: 1201 TAMMY LANE
City-St-Zip: CALLAWAY, FL 32404

Title: T ( ) Delete
Name: TEER, ROBERT
Address: 1711 MISSOURI AVENUE
City-St-Zip: LYNN HAVEN, FL 32444

Title: S ( ) Delete
Name: CHRISTY, SANDI
Address: 122 MARINER LANE
City-St-Zip: PORT ST JOE, FL 32456

Title: D ( ) Delete
Name: HALL, KAREN
Address: 4011 W 27TH COURT
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete
Name: YATES, ROCKY
Address: PO BOX 171
City-St-Zip: DESTIN, FL 32540

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: TEER, ROBERT J JR
Address: 1711 MISSOURI AVENUE
City-St-Zip: LYNN HAVEN, FL 32444

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: D ( ) Change (X) Addition
Name: GWINNUP, BRIAN
Address: 4511 PARKWOOD LANE WEST
City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT J TEER JR T 04/30/2009

Electronic Signature of Signing Officer or Director — Date