

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009258

FILED  
Aug 04, 2008  
Secretary of State

Entity Name: SABBATH MEMORIAL DOG RESCUE CENTER, INC.

## Current Principal Place of Business:

13100 NE 3RD CT  
MIAMI, FL 33161

## New Principal Place of Business:

18501 SW 208TH STREET  
MIAMI, FL 33187

## Current Mailing Address:

13100 NE 3RD CT  
MIAMI, FL 33161

## New Mailing Address:

18501 SW 208TH STREET  
MIAMI, FL 33187

FEI Number: 65-1179917      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:

COY, ROBERT  
13100 NE 3RD CT  
MIAMI, FL 33161      US

## Name and Address of New Registered Agent:

COY, ROBERT  
18501 SW 208TH STREET  
MIAMI, FL 33187      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: ROBERT COY

08/04/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D      ( ) Delete  
Name: COY, ROBERT  
Address: 13100 NE 3 CT  
City-St-Zip: MIAMI, FL 33161

Title: D      ( ) Delete  
Name: SINISCALCHI, KATHLEEN  
Address: 13100 NE 3RD CT  
City-St-Zip: MIAMI, FL 33161

Title: D      ( ) Delete  
Name: COY, ELLEN  
Address: 622 WHITEWATER DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33413

Title: D      ( ) Delete  
Name: KENNEDY, PHILLIP  
Address: 5555 E. 8TH AVENUE  
City-St-Zip: HIALEAH, FL 33013

Title: D      ( ) Delete  
Name: BOAS, DAVID  
Address: 11440 N. KENDALL DRIVE, SUITE 205  
City-St-Zip: MIAMI, FL 33176

Title: D      ( ) Delete  
Name: VAN DUSEN, SUSAN W  
Address: 2701 SOUTH BAYSHORE DRIVE, SUITE 315  
City-St-Zip: MIAMI, FL 33133

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D      (X) Change ( ) Addition  
Name: COY, ROBERT  
Address: 18501 SW 208TH STREET  
City-St-Zip: MIAMI, FL 33187

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:      ( ) 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 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 COY

DIR

08/04/2008

Electronic Signature of Signing Officer or Director

Date