## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000003295

Entity Name: TAMPA BAY BEAGLE RESCUE, INC.

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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4315 NORTHPARK DR. TAMPA, FL 33624 US

Current Mailing Address: New Mailing Address:

P.O. BOX 271772 TAMPA, FL 336881772 US

FEI Number: 11-3686021 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

NOVOSELSKI, JOHN W 4315 NORTHPARK DR. TAMPA, FL 33624 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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT () Delete Title: PTD (X) Change () Addition Name: NOVOSELSKI, JOHN W Name: NOVOSELSKI, JOHN W Address: 4315 NORTHPARK DR. Address: 4315 NORTHPARK DR.

 Address:
 4315 NORTHPARK DR.
 Address:
 4315 NORTHPARK DR.

 City-St-Zip:
 TAMPA, FL 33624 US
 City-St-Zip:
 TAMPA, FL 33624 US

Title: () Delete Title: (X) Change ( ) Addition SAEFKOW-KAZIM, RIKKELE Name: Name: SAEFKOW-KAZIM, RIKKELE Address: 7690 MARKHAM BEND PL Address: 8200 LAKE ROSS LANE City-St-Zip: SANFORD, FL 32771 US City-St-Zip: SANFORD, FL 32771 US

Name: MCDONALD, PAULA Name: FEHR, JULIE

Address: 9163 HIGHLAND RIDGE WAY Address: 7212 HAMILTON PAPK BLVD

Address: 9163 HIGHLAND RIDGE WAY Address: 7212 HAMILTON PARK BLVD.
City-St-Zip: TAMPA, FL 32647 US City-St-Zip: TAMPA, FL 33615 US

Title: ( ) Delete Title: D ( ) Change (X) Addition

Name: Name: SHWARTS, SCOTT

Address: Address: 650A PINELLAS BAYWAY S
City-St-Zip: City-St-Zip: TIERRA VERDE, FL 33715 US

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: JOHN W. NOVOSELSKI P 04/14/2009