

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004318

FILED  
Jan 21, 2007  
Secretary of State

Entity Name: OES RESCUE NETWORK OF THE SOUTHEAST, INC.

**Current Principal Place of Business:**

246 BUENA VISTA PLACE  
MEMPHIS, TN 38112

**New Principal Place of Business:**

**Current Mailing Address:**

246 BUENA VISTA PLACE  
MEMPHIS, TN 38112

**New Mailing Address:**

FEI Number: 27-0058286

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALBERS, LINDA M  
246 BUENA VISTA PLACE  
MEMPHIS, TN, FL 38112 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: PATTISON, LISA  
Address: 113 SANDY SHOAL LOOP  
City-St-Zip: FAIRHOPE, AL 36532

Title: VP ( ) Delete  
Name: THOMPSON, INGRID  
Address: 2901 LAKE ROAD  
City-St-Zip: WOODLAWN, TN 37191

Title: S ( ) Delete  
Name: SUSAN, FERCHAK  
Address: 7 DICKINSON LANE  
City-St-Zip: LIVINGSTON, NJ 07039

Title: T ( ) Delete  
Name: ALBERS, LINDA M  
Address: 246 BUENA VISTA PLACE  
City-St-Zip: MEMPHIS, TN 38112

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

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 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: LINDA M. ALBERS

TREA

01/21/2007

Electronic Signature of Signing Officer or Director

Date