

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004318

FILED
Jan 26, 2008
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:

206 MARASCHINO DRIVE
GREENVILLE, NC 27858

Current Mailing Address:

246 BUENA VISTA PLACE
MEMPHIS, TN 38112

New Mailing Address:

206 MARASCHINO DRIVE
GREENVILLE, NC 27858

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:

ALBERS, LINDA M
206 MARASCHINO DRIVE
GREENVILLE NC, FL 27858 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: LINDA M ALBERS

01/26/2008

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BOYD, BETSY
Address: 88 DEER TRACE
City-St-Zip: WEST BLOCTON, AL 35184

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

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

Title: T (X) Change () Addition
Name: ALBERS, LINDA M
Address: 206 MARASCHINO DR
City-St-Zip: GREENVILLE, NC 27858

Title: T () Change (X) Addition
Name: WOOD, JAMES
Address: 7726 S. WILLIAMSBURG ST
City-St-Zip: TERRE HAUTE, IN 47802

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: LINDA M ALBERS

T

01/26/2008

Electronic Signature of Signing Officer or Director

Date