

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004318

FILED  
Feb 22, 2009  
Secretary of State

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

## Current Principal Place of Business:

206 MARASCHINO DRIVE  
GREENVILLE, NC 27858

## New Principal Place of Business:

7726 S. WILLIAMSBURG ST.  
TERRE HAUTE, IN 47802

## Current Mailing Address:

206 MARASCHINO DRIVE  
GREENVILLE, NC 27858

## New Mailing Address:

7726 S. WILLIAMSBURG ST.  
TERRE HAUTE, IN 47802

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  
206 MARASCHINO DRIVE  
GREENVILLE NC, FL 27858 US

## Name and Address of New Registered Agent:

WOOD, JAMES P  
7726 S. WILLIAMSBURG ST.  
TERRE HAUTE IN, FL 47802 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: JAMES P. WOOD

02/22/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

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: 206 MARASCHINO DR  
City-St-Zip: GREENVILLE, NC 27858

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

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

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: JAMES P. WOOD

T

02/22/2009

Electronic Signature of Signing Officer or Director

Date