

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004599

FILED
Jan 18, 2009
Secretary of State

Entity Name: FLORIDA DACHSHUND RESCUE INC.

Current Principal Place of Business:

1638 BALIHAI COURT
GULF BREEZE, FL 32563

New Principal Place of Business:

Current Mailing Address:

1638 BALIHAI COURT
GULF BREEZE, FL 32563

New Mailing Address:

FEI Number: 84-1624077 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LATHAM, DORE, CATHY
1638 BALIHAI COURT
GULF BREEZE, FL 32563 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: TD () Delete
Name: LATHAM DORE, CATHY
Address: 1638 BALIHAI COURT
City-St-Zip: GULF BREEZE, FL 32563

Title: PD () Delete
Name: COOK, JANET
Address: 485 ALETA AVENUE
City-St-Zip: MARY ESTHER, FL 32569

Title: VD () Delete
Name: BROWNING, MACK
Address: 648 HOLLY LANE
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: BIDWELL, PATSY
Address: 6129 SCHALEKAMP DRIVE
City-St-Zip: SPRING HILL, FL 34609

Title: SD () Delete
Name: MADDOX, LYNN
Address: 2505W BELLA VISTA ST
City-St-Zip: LAKELAND, FL 33810

Title: D () Delete
Name: BIRD, DEB
Address: 4788 253RD STREET
City-St-Zip: E MYAKKA CITY, FL 34251

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
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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: CATHY DORE

TD

01/18/2009

Electronic Signature of Signing Officer or Director

Date