

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006445

FILED
Jan 19, 2009
Secretary of State

Entity Name: FLORIDA KEESHOND RESCUE, INC.

Current Principal Place of Business:

4375 RICHMOND PARK DR.
JACKSONVILLE, FL 32224

New Principal Place of Business:

4375 RICHMOND PARK DR., E.
JACKSONVILLE, FL 32224

Current Mailing Address:

4375 RICHMOND PARK DR.
JACKSONVILLE, FL 32224

New Mailing Address:

4375 RICHMOND PARK DR., E.
JACKSONVILLE, FL 32224

FEI Number: 30-0207217

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLINGSWORTH, JUNE
4375 RICHMOND PARK DR.
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

HOLLINGSWORTH, JUNE
4375 RICHMOND PARK DR., E.
JACKSONVILLE, FL 32224 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:

01/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOLLINGSWORTH, JUNE
Address: 4375 RICHMOND PARK DR.
City-St-Zip: JACKSONVILLE, FL 32224

Title: VTD () Delete
Name: HOLLINGSWORTH, DONALD W
Address: 4375 RICHMOND PARK DR.
City-St-Zip: JACKSONVILLE, FL 32224

Title: SD () Delete
Name: HOLLINGSWORTH, DONALD W JR.
Address: 4375 RICHMOND PARK DR.
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOLLINGSWORTH, JUNE
Address: 4375 RICHMOND PARK DR., E.
City-St-Zip: JACKSONVILLE, FL 32224

Title: VTD (X) Change () Addition
Name: HOLLINGSWORTH, DONALD W
Address: 4375 RICHMOND PARK DR., E.
City-St-Zip: JACKSONVILLE, FL 32224

Title: SD (X) Change () Addition
Name: HOLLINGSWORTH, DONALD W JR.
Address: 4375 RICHMOND PARK DR., E.
City-St-Zip: JACKSONVILLE, FL 32224

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: DONALD W. HOLLINGSWORTH

VTD

01/19/2009

Electronic Signature of Signing Officer or Director

Date