

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000006461

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** WECARE ROTTWEILER RESCUE, INC.

**Current Principal Place of Business:**

690  
DELEON SPRINGS, FL 32130

**New Principal Place of Business:**

192  
DELEON SPRINGS, FL 32130

**Current Mailing Address:**

690  
DELEON SPRINGS, FL 32130

**New Mailing Address:**

192  
DELEON SPRINGS, FL 32130

**FEI Number:** 90-0101545

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RUBIN, WALT  
690  
DELEON SPRINGS, FL 32130 US

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

RUBIN, WALT  
192  
DELEON SPRINGS, FL 32130 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: WALT RUBIN

04/28/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KUEHL, ROSEMARY  
Address: P.O. BOX 192  
City-St-Zip: DELEON SPRINGS, FL 32130

Title: VD  
Name: KUEHL, JOSEPHINE  
Address: P.O. BOX 192  
City-St-Zip: DELEON SPRINGS, FL 32130

Title: STD  
Name: RUBIN, WALT  
Address: P.O. BOX 192  
City-St-Zip: DELEON SPRINGS, FL 32130

I hereby 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 all other like empowered.

SIGNATURE: WALT RUBIN

STD

04/28/2012

Electronic Signature of Signing Officer or Director

Date