

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 12, 2004  
Secretary of State**

DOCUMENT# N03000006675

**Entity Name:** HOPE'S HAVEN-CHINESE CRESTED & HAIRLESS DOG RESCUE, INC.

**Current Principal Place of Business:**

2204 E IDLEWILD AVE  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

2204 E IDLEWILD AVE  
TAMPA, FL 33610

**New Mailing Address:**

**FEI Number:** 20-0097230      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WREN, RICKLENE J  
2204 E IDLEWILD AVE  
TAMPA, FL 33610 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: PTD ( ) Delete  
Name: WREN, RICKLENE J  
Address: 2204 E IDLEWILD AVE  
City-St-Zip: TAMPA, FL 33610

Title: VD ( ) Delete  
Name: MCCAMMAN, DEBBY  
Address: 5425 JACK CREEK RD  
City-St-Zip: TEMPLETON, CA 93465

Title: EVP ( ) Delete  
Name: HENSLEY, STACY  
Address: 4515 49 AVE S  
City-St-Zip: SEATTLE, WA 98118

Title: SD ( ) Delete  
Name: WAGNER, CYNDI  
Address: 4220 SOUTH 350 W.  
City-St-Zip: NORTH JUDSON, IN 46366

**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  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RICKLENE J. WREN

PTD

02/12/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date