

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006675

FILED
Mar 14, 2005
Secretary of State

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: EVP (X) Change () Addition
Name: MCCAMMAN, DEBBY
Address: 5425 JACK CREEK RD
City-St-Zip: TEMPLETON, CA 93465

Title: VP (X) Change () Addition
Name: HENSLEY, STACY
Address: 21105 S. HANEY RD.
City-St-Zip: KENNEWICK, WA 99337

Title: RS (X) Change () Addition
Name: WAGNER, CYNDI
Address: 4220 SOUTH 350 W.
City-St-Zip: NORTH JUDSON, IN 46366

Title: CS () Change (X) Addition
Name: CORNOG, STACIA
Address: 1091 CRYSTAL CREEK DR.
City-St-Zip: PORT ORANGE, FL 32128

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

03/14/2005

Electronic Signature of Signing Officer or Director

Date