

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010224

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: CANINE CASTAWAYS, INC.

## Current Principal Place of Business:

5293 NE MASTERS AVE.  
ARCADIA, FL 34266 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 3295  
ARCADIA, FL 34265 US

## New Mailing Address:

FEI Number: 20-0416812

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RINALDI, KIMBERLY M  
5293 NE MASTERS AVENUE  
ARCADIA, FL 34266 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: PD ( ) Delete  
Name: RINALDI, KIMBERLY M  
Address: 5293 NE MASTERS AVE.  
City-St-Zip: ARCADIA, FL 34266 US

Title: VPD ( ) Delete  
Name: ARMSTRONG, NANCY  
Address: 7301 REDGE RAINEY ROAD  
City-St-Zip: ONA, FL 33865 US

Title: TD ( ) Delete  
Name: WESTBERRY, CHRISTY L  
Address: 325 PROVIDENCE STREET  
City-St-Zip: ARCADIA, FL 34266 US

Title: SD ( ) Delete  
Name: THOMPSON, MARY DR.  
Address: 4041 LONGHORN DRIVE  
City-St-Zip: SARASOTA, FL 34233

Title: D ( ) Delete  
Name: ZINN, KELLI G  
Address: 6722 63RD TERRACE EAST  
City-St-Zip: BRADENTON, FL 34203

Title: D ( ) Delete  
Name: KEEGAN, BARBARA J  
Address: 3223 FLORIDA BLVD  
City-St-Zip: BRADENTON, FL 34207

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change ( ) Addition  
Name: SHIRLEY, DONNA L  
Address: 5293 NE MASTERS AVENUE  
City-St-Zip: ARCADIA, FL 34266 US

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 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: KIMBERLY RINALDI

PD

04/01/2009

Electronic Signature of Signing Officer or Director

Date