

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011111

FILED  
Feb 09, 2009  
Secretary of State

Entity Name: HELPING HANDS PET RESCUE, INC.

## Current Principal Place of Business:

16703 SOUTH HIGHWAY 441  
MICANOPY, FL 32667 US

## New Principal Place of Business:

## Current Mailing Address:

14260 W NEWBERRY RD  
PMB 140  
NEWBERRY, FL 32669 US

## New Mailing Address:

16703 SOUTH HIGHWAY 441  
MICANOPY, FL 32667 US

FEI Number: 20-0530879

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BROWER, ANDREA MS.  
22133 W NEWBERRY RD  
NEWBERRY, FL 32669 US

## Name and Address of New Registered Agent:

BROWER, ANDREA C MS.  
16703 SOUTH HIGHWAY 441  
MICANOPY, FL 32667 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: ANDREA C BROWER

02/09/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D/P ( ) Delete  
Name: BROWER, ANDREA  
Address: 22133 W NEWBERRY RD  
City-St-Zip: NEWBERRY, FL 32669 US

Title: DT ( ) Delete  
Name: BROWER, ANDREA  
Address: 22133 W NEWBERRY  
City-St-Zip: NEWBERRY, FL 32669 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition  
Name: BROWER, ANDREA  
Address: 16703 SOUTH HIGHWAY 441  
City-St-Zip: MICANOPY, FL 32667 US

Title: DT (X) Change ( ) Addition  
Name: OLMSTEAD, SHAYE  
Address: 807 NW 41ST AVE  
City-St-Zip: GAINESVILLE, FL 32609 US

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: ANDREA C BROWER

DPST

02/09/2009

Electronic Signature of Signing Officer or Director

Date