

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001113

FILED
Jan 18, 2009
Secretary of State

Entity Name: HAILE'S ANGELS PET RESCUE, INC.

Current Principal Place of Business:

5231 SW 91ST DR
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

5231 SW 91ST DR
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 20-0746368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCOLLOUGH, LINDA
5231 SW 91ST DR
GAINESVILLE, FL 32608 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: MCCOLLOUGH, LINDA
Address: 5231 SW 91ST DR
City-St-Zip: GAINESVILLE, FL 32608

Title: SD (X) Delete
Name: WHITFIELD, SHELLY
Address: 4415 SWW OAK MEADOWS DR
City-St-Zip: HIGH SPRINGS, FL 32643

Title: TD (X) Delete
Name: ROBERTSON, PETER
Address: 4514 SW 105TH DR
City-St-Zip: GAINESVILLE, FL 32608

Title: D (X) Delete
Name: SISTROM, BRENDA
Address: 3738 SW 96TH ST
City-St-Zip: GAINESVILLE, FL 32608

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 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: LINDA MCCOLLOUGH

PD

01/18/2009

Electronic Signature of Signing Officer or Director

Date