

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90363 020 ****70.00

40033916



03082007 Chg-NP CR2E037 (12/06)

DOCUMENT # N04000001654 1. Entity Name RESCUED UNWANTED FURRY FRIENDS, INC.					
Principal Place of Business 127 MIRACLE STRIP PKWY SW STE N-7 FORT WALTON BEACH, FL 32548			Mailing Address 127 MIRACLE STRIP PKWY SW STE N-7 FORT WALTON BEACH, FL 32548		
2. Principal Place of Business - No P.O. Box # 91 READY AVE.		3. Mailing Address Suite, Apt. #, etc.			
City & State FORT WALTON BEACH, FL		City & State Suite, Apt. #, etc.		4. FEI Number 20-0567829	
Zip 32548		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEAD, MICHAEL W 24 NORTH EAST WALTER MARTIN ROAD FORT WALTON BEACH, FL 32548				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROOKS, GENE 127 MIRACLE STRIP PKWY SW STE N-7 FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BROOKS, JANICE F 127 MIRACLE STRIP PKWY SW STE N-7 FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MICKLE, DONNA C 127 MIRACLE STRIP PKWY STE N-7 FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Marion E. Brooks</u> DATE: <u>3/8/07 DAYTIME PHONE #: <u>(850) 243-5609</u> </u>					