

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003455

FILED
Apr 20, 2007
Secretary of State

Entity Name: GAINESVILLE RABBIT RESCUE, INC.

Current Principal Place of Business:

7751 NE 173 TERR
WILLISTON, FL 32696

New Principal Place of Business:

521 SE 6TH AVENUE
WILLISTON, FL 32696

Current Mailing Address:

7751 NE 173 TERR
WILLISTON, FL 32696

New Mailing Address:

FEI Number: 20-0993241 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARVER, SAMANTHA
5950 SW 20 AVE APT E32
GAINESVILLE, FL 32607 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: ED () Delete
Name: DUNCAN, BETSY
Address: 7751 NE 173 TERR
City-St-Zip: WILLISTON, FL 32696

Title: PD () Delete
Name: FINELLI, KATHY
Address: 521 SE 6 AVE
City-St-Zip: WILLISTON, FL 32696

Title: AD () Delete
Name: GARVER, SAMANTHA
Address: 5950 SW 20 AVE APT E32
City-St-Zip: GAINESVILLE, FL 32607

Title: ST () Delete
Name: SCHMIDT, TIFFANY
Address: 225522 NW 227 DR
City-St-Zip: HIGH SPRINGS, FL 32643

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 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: BETSY D DUNCAN

ED

04/20/2007

Electronic Signature of Signing Officer or Director

Date