

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003455

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: GAINESVILLE RABBIT RESCUE, INC.

**Current Principal Place of Business:**

521 SE 6TH AVENUE  
WILLISTON, FL 32696

**New Principal Place of Business:**

**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:**

DUNCAN, BETSY  
7751 NE 173RD TERRACE  
WILLISTON, FL 32696 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: 2901 SW 41ST STREET  
City-St-Zip: OCALA, FL 34474

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 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 DUNCAN

ED

03/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date