

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003455

FILED  
Apr 06, 2010  
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:**

521 SE 6TH AVENUE  
WILLISTON, FL 32696

**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:**

FINELLI, KATHY  
521 SE 6TH AVENUE  
WILLISTON, FL 32696 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: KATHY FINELLOI

04/06/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ED  
Name: FINELLI, KATHY  
Address: 521 SE 6TH AVENUE  
City-St-Zip: WILLISTON, FL 32696

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

Title: AD  
Name: GARVER, SAMANTHA  
Address: 2901 SW 41ST STREET  
City-St-Zip: OCALA, FL 34474

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

I hereby 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 all other like empowered.

SIGNATURE: KATHY FINELLI

ED

04/06/2010

Electronic Signature of Signing Officer or Director

Date