

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004527

FILED
Jan 20, 2009
Secretary of State

Entity Name: AMERICAN BLACK & TAN COONHOUND RESCUE, INC.

Current Principal Place of Business:

2542 SW WESTFIELD STREET
PORT SAINT LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

2542 SW WESTFIELD STREET
PORT SAINT LUCIE, FL 34953

New Mailing Address:

FEI Number: 05-0603414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, SALLY A
2542 SW WESTFIELD STREET
PORT SAINT LUCIE, FL 34953 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: SCHLEGEL, JAYNE
Address: 2102 45 STREET NE
City-St-Zip: CANTON, OH 447052971

Title: D () Delete
Name: MILLER, SALLY
Address: 2542 SW WESTFIELD STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VDTD () Delete
Name: SMITH, MOLLY
Address: 130 SPALDING CREEK COURT
City-St-Zip: ATLANTA, GA 30350

Title: SD () Delete
Name: RUSHING, GAIL
Address: 3152 SILVERTON DR
City-St-Zip: DALLAS, TX 75229

Title: D () Delete
Name: JOCH, SHELLEY
Address: N927 COUNTRY ROAD M
City-St-Zip: HORTONVILLE, WI 54944

Title: D () Delete
Name: DURBIN, TIM
Address: 6807 MILL TRACK TRACE
City-St-Zip: QUINTON, VA 23141

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
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Address:
City-St-Zip:

Title: () Change () Addition
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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: /S/ MOLLY MADISON SMITH

VPTD

01/20/2009

Electronic Signature of Signing Officer or Director

Date