

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90019 030 ****61.25

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1. Entity Name

GOD'S CREATURES GREAT & SMALL-RESCUE MISSION, INC.



Principal Place of Business

10629 ANDERSON LANE
LAKE WORTH FL 33467

Mailing Address

10629 ANDERSON LANE
LAKE WORTH FL 33467



2. Principal Place of Business - No P.O. Box #

10629 Anderson Ln
Suite, Apt. #, etc.
Lake Worth, Fla.
City & State

3. Mailing Address

Same
Suite, Apt. #, etc.
City & State

1st MOORE

CR2E037 (10/07)

4. FEI Number

13-4282209

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

33449

Country

P. Beech

Zip

Country

6. Name and Address of Current Registered Agent

OEST, ULLA
10629 ANDERSON LANE
LAKE WORTH FL 33467

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

Ulla Oest

Director/Founder

1/23/08

Signature, typed or printed name, title, and address of the registered agent

(NOTE: Registered Agent's name and address must be included)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME OEST, ULLA H
STREET ADDRESS 2801 N.E. 7TH STREET
CITY- ST- ZIP POMPANO BEACH FL 33062

TITLE VD ☐ Delete
NAME FIELDS, STANLEY
STREET ADDRESS 3600 OCEAN DRIVE, APT. 10B
CITY- ST- ZIP FORT LAUDERDALE FL 33308

TITLE SD ☐ Delete
NAME MILRAD, BENILDA
STREET ADDRESS 2011 N.W. 35TH TERRACE
CITY- ST- ZIP COCONUT CREEK FL 33066

TITLE TD ☐ Delete
NAME OEST, RONALD
STREET ADDRESS 2801 N.E. 7TH STREET
CITY- ST- ZIP POMPANO BEACH FL 33062

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Ulla Oest Director ULLA Oest 1/23/08 (561) 357-8612