

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005564

FILED
May 06, 2008
Secretary of State

Entity Name: RESCUING ANIMALS IN NEED, INC.

Current Principal Place of Business:

3302 HOLLIDAY AVENUE
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 608221
ORLANDO, FL 32860

New Mailing Address:

FEI Number: 20-1200452 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MULLER, SUE
4429 RING NECK ROAD
ORLANDO, FL 32808 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PITT, JOSEPH W
Address: 3260 FORTIER LOOKOUT
City-St-Zip: CHESAPEAKE BEACH, MD 20732

Title: VP () Delete
Name: MULLER, SUE
Address: 4429 RING NECK RD
City-St-Zip: ORLANDO, FL 32808

Title: TRES () Delete
Name: GREENSPAN, CARYN A
Address: 1175 WOODLAND TERRACE TRAIL
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: SHEEHAN, BETTE
Address: 3302 HOLLIDAY AVENUE
City-St-Zip: APOPKA, FL 32703

Title: SEC () Delete
Name: HARGIS, DAWN
Address: 4480 GOLDENRAIN CT
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: STOUT, DAWN
Address: 667 BARBUDA WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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:

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: CARYN A GREENSPAN

TRES

05/06/2008

Electronic Signature of Signing Officer or Director

Date