

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005564

FILED  
Apr 27, 2009  
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:

4429 RING NECK RD  
ORLANDO, FL 32808 US

## 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 ( )

## Name and Address of Current Registered Agent:

MULLER, SUE  
4429 RING NECK ROAD  
ORLANDO, FL 32808 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: 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 (X) 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: TRES (X) Change ( ) Addition  
Name: GREENSPAN, CARYN A  
Address: P.O. BOX 110055  
City-St-Zip: LAKEWOOD RANCH, FL 34211

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

04/27/2009

Electronic Signature of Signing Officer or Director

Date