

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005704

FILED
Jan 15, 2010
Secretary of State

Entity Name: LOST WOLF RESCUE, INC.

Current Principal Place of Business:

2608 SECOND AVENUE NORTH
ST. PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

2608 SECOND AVENUE NORTH
ST. PETERSBURG, FL 33713

New Mailing Address:

FEI Number: 34-1997230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRINKA, JOANNE
2608 SECOND AVENUE NORTH
ST. PETERSBURG, FL 33713 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
Name: STRINKA, JOANNE
Address: 2608 2ND AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33713

Title: VP
Name: TOPPER, SONDR
Address: 17324 WHIRLEY RD.
City-St-Zip: LUTZ, FL 33558

Title: D
Name: BROWN, ERIC
Address: 144 147TH AVENUE
City-St-Zip: MADEIRA BEACH, FL 33708

Title: D
Name: LITTLE, COLLEEN A
Address: 2608 2ND AVE NO
City-St-Zip: ST PETERSBURG, FL 33713

Title: S
Name: WATSON, PAMELA
Address: 17320 DARBY LN
City-St-Zip: LUTZ, FL 33558

Title: T
Name: TOPPER, SONDR
Address: 17324 WHIRLEY RD
City-St-Zip: LUTZ, FL 33558

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: JOANNE STRINKA

P

01/15/2010

Electronic Signature of Signing Officer or Director

Date