

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000006092**

1. Entity Name  
**GOLDEN RESCUE IN NAPLES, INC.**



Principal Place of Business  
**720 TURKEY OAK LANE  
NAPLES, FL 34108-8550**

Mailing Address  
**720 TURKEY OAK LANE  
NAPLES, FL 34108-8550**



03062007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1287704**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**GUISE, JERILYN L  
2570 NW 94 WAY  
SUNRISE, FL 33322**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when renating.) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

U000000664148  
03/22/07-80032-016 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD METRO, MARY E 720 TURKEY OAK LANE NAPLES, FL 341088550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DATILLO, JANET 926 CYPRESS DR. NAPLES, FL 341203858
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBRECHT, MARY 42 JOHNNY CAKE DR NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RFOHLER, JOHN 3890 AFTON CIR SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/8/07**

Date

**239 514 2712**

Daytime Phone #