

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90022 002 \*\*\*\*61.25

<b>DOCUMENT # N04000006092</b>					
<b>1. Entity Name</b> GOLDEN RESCUE IN NAPLES, INC.					
<b>Principal Place of Business</b> 720 TURKEY OAK LANE NAPLES, FL 34108-8550			<b>Mailing Address</b> 720 TURKEY OAK LANE NAPLES, FL 34108-8550		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01092008    Chg-NP    CR2E037 (12/06)	
<b>4. FEI Number</b> 20-1287704				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
GUISE, JERILYN L <del>2670 NW 84 WAY</del> <del>SUNRISE, FL 33322</del>			Name Street Address (P.O. Box Number is Not Acceptable) 5707 NW 68TH AVE TAMARAC, FL 34103		
5707 NW 68TH AVE TAMARAC, FL 34103			City TAMARAC    FL    Zip Code 34103		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD METRO, MARY E 720 TURKEY OAK LANE NAPLES, FL 34108550	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DATILLO, JANET 926 CYPRESS DR. NAPLES, FL 341203858	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>D LAMBRECHT, MARY 42 JOHNNY CAKE DR NAPLES, FL 34110</del>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>D RFOHLER, JOHN 3890 AFTON CIR SARASOTA, FL 34233</del>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER PATRICK METRO 720 TURKEY OAK LANE NAPLES, FL 34108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR LINC HAY 2252 SHADOW LAKES DR. SARASOTA, FL 34240	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR ALEXIA PALMER 7665 CITRUS HILL LANE NAPLES, FL 34109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b>				1/10/08    2395142712	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	