

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010481

FILED
Jan 16, 2009
Secretary of State

Entity Name: MID FLORIDA RETRIEVER RESCUE, INC.

Current Principal Place of Business:

15195 ANGUS RD
POLK CITY, FL 33868

New Principal Place of Business:

Current Mailing Address:

15195 ANGUS RD
POLK CITY, FL 33868

New Mailing Address:

FEI Number: 20-1823790

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLTON, CHARLES L
2310 LAKE LAND HILLS BLVD
LAKE LAND, FL 33805 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: PD () Delete
Name: O'MALLEY, DIANE
Address: 15195 ANGUS RD
City-St-Zip: POLK CITY, FL 33868

Title: VPD () Delete
Name: VELDHUIS, GARY
Address: 171 HILLSIDE DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: STD () Delete
Name: CLARK, BARBARA
Address: 1429 GRAMACY
City-St-Zip: SEBRING, FL 33875

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:

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: DIANE LYNN O'MALLEY

PD

01/16/2009

Electronic Signature of Signing Officer or Director

Date