

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002782

FILED  
Mar 22, 2009  
Secretary of State

Entity Name: SKYWAY BORDER COLLIE RESCUE, INC.

## Current Principal Place of Business:

2462 ENSENADA LANE  
NORTH PORT, FL 34286

## New Principal Place of Business:

9827 33RD AVE E  
PALMETTO, FL 34221

## Current Mailing Address:

2462 ENSENADA LANE  
NORTH PORT, FL 34286

## New Mailing Address:

9121 36TH AVE E  
PALMETTO, FL 34221

FEI Number: 20-2611424

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HORAN, AMBER  
2462 ENSENADA LANE  
NORTH PORT, FL 34286 US

## Name and Address of New Registered Agent:

RAY, AMBER E  
9827 33RD AVE E  
PALMETTO, FL 34221 US

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: AMBER RAY

03/22/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HORAN, AMBER  
Address: 2462 ENSENADA LANE  
City-St-Zip: NORTH PORT, FL 34286

Title: D ( ) Delete  
Name: HORAN, MARCIA  
Address: 9121 36 AVE S  
City-St-Zip: PALMETTO, FL 34221

Title: D ( ) Delete  
Name: KUNDINGER, SARAH  
Address: 520 MERCERS FERNERY RD  
City-St-Zip: DELAND, FL 32720

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: RAY, AMBER  
Address: 9827 33RD AVE E  
City-St-Zip: PALMETTO, FL 34221

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: AMBER RAY

D

03/22/2009

Electronic Signature of Signing Officer or Director

Date