

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004515

FILED
Apr 22, 2006
Secretary of State

Entity Name: CENTRAL FLORIDA SAMOYED RESCUE, INC.

Current Principal Place of Business:

13535 BRISTLECONE CIRCLE
ORLANDO, FL 32828

New Principal Place of Business:

Current Mailing Address:

13535 BRISTLECONE CIRCLE
ORLANDO, FL 32828

New Mailing Address:

FEI Number: 20-2778707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TURBA, PATTI
13535 BRISTLECONE CIRCLE
ORLANDO, FL 32828 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 () Delete
Name: TURBA, PATTI
Address: 13535 BRISTLECONE CIRCLE
City-St-Zip: ORLANDO, FL 32828

Title: D () Delete
Name: SEGERS, LAURA
Address: 2403 COLLEGE HILL DR
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: BRABSON, PAUL
Address: 3838 STERLING STREET
City-St-Zip: COCOA, FL 32926

Title: S () Delete
Name: WYATT, LAWAYNE
Address: 8205 PLEASANT LANE
City-St-Zip: RIVERVIEW, FL 33569

Title: T () Delete
Name: WEST, CHERYL
Address: 328 BRIDLE PATH
City-St-Zip: CASSELBERRY, FL 32707

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:

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 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: PATTI TURBA

P

04/22/2006

Electronic Signature of Signing Officer or Director

Date