

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005491

FILED  
Mar 28, 2009  
Secretary of State

Entity Name: PAPILLON PALS RESCUE INC

**Current Principal Place of Business:**

13335 MT. PLEASANT RD.  
JACKSONVILLE, FL 32225 US

**New Principal Place of Business:**

**Current Mailing Address:**

13335 MT. PLEASANT RD.  
JACKSONVILLE, FL 32225 US

**New Mailing Address:**

FEI Number: 20-2851798

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LUCAS, LINDA S  
13335 MT. PLEASANT RD.  
JACKSONVILLE, FL 32225 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: DIR ( ) Delete  
Name: LUCAS, LINDA S  
Address: 13335 MT. PLEASANT RD.  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: DIR ( ) Delete  
Name: CARY, MICHAEL H  
Address: 13335 MT. PLEASANT RD.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: DIR ( ) Delete  
Name: CHAPMAN, BRYAN R  
Address: 8522 ENGLISH OAK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32244 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DIR (X) Change ( ) Addition  
Name: DEFULLERS, DIANE  
Address: 3536 BARREL SPRINGS DRIVE  
City-St-Zip: ORANGE PARK, FL 32073 US

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: LINDA S. LUCAS

DIR

03/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date