

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 05, 2008
Secretary of State**

DOCUMENT# N05000007230

Entity Name: DOBERMANN RESCUE OF LAKE PLACID, INC.

Current Principal Place of Business:

171 HILLSIDE DR.
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

171 HILLSIDE DR.
LAKE PLACID, FL 33852

New Mailing Address:

FEI Number: 20-3105956 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VELDHUIS, GARY B
171 HILLSIDE DR.
LAKE PLACID, FL 33852 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: VELDHUIS, GARY B
Address: 171 HILLSIDE DR.
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: VELDHUIS, WILLIAM R
Address: 1245 LAKE CLAY DR.
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: HALE, VALERIE
Address: 12227 VALLEY ROAD
City-St-Zip: CLERMONT, FL 34715 US

Title: D () Delete
Name: O'MALLEY, DIANE
Address: 15195 ANGUS ROAD
City-St-Zip: POLK CITY, FL 33868 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: VELDHUIS, VINCENT V
Address: 1815 CALICO DRIVE
City-St-Zip: WEST PALM BEACH, FL 33415

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: GARY B. VELDHUIS

PD

01/05/2008

Electronic Signature of Signing Officer or Director

_____ Date