

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007938

FILED
May 01, 2007
Secretary of State

Entity Name: NORTH FLORIDA SCOTTISH TERRIER RESCUE, INC

Current Principal Place of Business:

5510 COUNTY ROAD 209 S.
GREEN COVE SPRINGS, FL 32043 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1182
GREEN COVE SPRINGS, FL 32043 US

New Mailing Address:

5510 COUNTY ROAD 209 S.
GREEN COVE SPRINGS, FL 32043 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LEONARD, GAYNOR M
5510 COUNTY ROAD 209 S.
GREEN COVE SPRINGS, FL 32043 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEONARD, GAYNOR M
Address: 5510 COUNTY ROAD 209 S.
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: VP () Delete
Name: LEONARD, BRIAN R
Address: 5510 COUNTY ROAD 209 S.
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: VP () Delete
Name: LANE, FRANCES J
Address: 1222 KING JAMES PLACE
City-St-Zip: JACKSONVILLE, FL 32218 US

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: GAYNOR LEONARD

P

05/01/2007

Electronic Signature of Signing Officer or Director

Date