

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009907

FILED
Jan 05, 2008
Secretary of State

Entity Name: GOLDEN RESCUE SOUTH FLORIDA, INC.

Current Principal Place of Business:

610 QUAIL AVENUE
MIAMI SPRINGS, FL 33166

New Principal Place of Business:

Current Mailing Address:

PO BOX 660155
MIAMI SPRINGS, FL 33166

New Mailing Address:

FEI Number: 68-062628 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, CAROLINE M
610 QUAIL AVENUE
MIAMI SPRINGS, FL 33166 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: PRES () Delete
Name: JOHNSON, CAROLINE M
Address: 610 QUAIL AVENUE PO BOX 660155
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: V () Delete
Name: PETRIE, DAVID
Address: 610 QUAIL AVE
City-St-Zip: MIAMI, FL 33166

Title: V () Delete
Name: LENZ, CYNTHIA
Address: 22640 SW 8TH CT
City-St-Zip: BOCA RATON, FL 33433

Title: S () Delete
Name: RUNKLE, LEE ANN
Address: 1540 SW 55 AVE
City-St-Zip: FORT LAUDERDALE, FL 33317

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:

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: CAROLINE M. JOHNSON

PRES

01/05/2008

Electronic Signature of Signing Officer or Director

_____ Date