

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 13, 2009  
Secretary of State**

DOCUMENT# N05000009907

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      (X) 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

02/13/2009

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

\_\_\_\_\_  
Date