2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0600000130

FILED Jul 09, 2008 Secretary of State

Entity Name: CATAHOULA UNITED RESCUE SOCIETY, INC.

Current Principal Place of Business: New Principal Place of Business:

6200 SE 47TH PLACE TRENTON, FL 32693

Current Mailing Address: New Mailing Address:

6200 SE 47TH PLACE TRENTON, FL 32693

FEI Number: 20-4052006 FEI Number Applied For () 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:

CAVE, HEATHER A 6200 SE 47TH PLACE TRENTON, FL 32693 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:

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Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

P () Delete Title: P (X) Change () Addition

 Name:
 LEONHARDT, LORI
 Name:
 LEONHARDT, LORI

 Address:
 6200 SE 47TH PLACE
 Address:
 3810 1ST AVENUE

 City-St-Zip:
 TRENTON, FL 32693
 City-St-Zip:
 COLUMBUS, GA 31904

Title: VP () Delete Title: VP (X) Change () Addition Name: RYNKIEWICZ, GWEN Name: RYNKIEWICZ, GWEN

Address: 6200 SE 47TH PLACE Address: 4101 WOODLAND DR. City-St-Zip: TRENTON, FL 32693 City-St-Zip: FAIRFAX, VA 22030

Title: ST () Delete Title: ST (X) Change () Addition Name: CAVE, HEATHER A CAVE, HEATHER A

 Address:
 6200 SE 47TH PLACE
 Address:
 6200 SE 47TH PLACE

 City-St-Zip:
 TRENTON, FL 32693
 City-St-Zip:
 TRENTON, FL 32693

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

Name: RYNKIEWICZ, GWENDOLYNNE Name: PAAS, ANNE

Address: 4101 WOODLAND DR. Address: 140 CLAY STREET #203B City-St-Zip: FAIRFAX, VA 22030 City-St-Zip: BROOKLYN, NY 11222

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: HEATHER A CAVE ST 07/09/2008