2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2007
Secretary of State

DOCUMENT# N06000001683

Entity Name: GULF COAST SHELTIE AND COLLIE RESCUE, INC.

Current Principal Place of Business:

10313 WEST LAKE ROAD
MILTON, FL 23583

New Principal Place of Business:

Current Mailing Address:

10313 WEST LAKE ROAD
MILTON, FL 23583

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

NICKERSON, JAN
10313 WEST LAKE ROAD
MILTON, FL 23583 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:	NICKERSON, JAN	
Address:	10313 WEST LAKE ROAD	
City-St-Zip:	MILTON, FL 23583	
Title:	D	( ) Delete
Name:	MATHEWS, PAM	
Address:	407 WILDWOOD STREET	
City-St-Zip:	MARY ESTHER, FL 32569	
Title:	D	( ) Delete
Name:	JONES, SUAN	
Address:	2226 WHISPERING PINES BLVD.	
City-St-Zip:	NAVARRE, FL 32566	
Title:	D	(X) Delete
Name:	HAMMOND, KYRA	
Address:	2005 TONI STREET	
City-St-Zip:	PENSACOLA, FL 32514	
Title:	D	(X) Delete
Name:	NICKERSON, JODI	
Address:	9407 INDIAN BLUFF ROAD	
City-St-Zip:	YOUNGSTOWN, FL 32466	

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:	
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: JAN NICKERSON P/D 09/03/2007

Electronic Signature of Signing Officer or Director — Date