

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001683

FILED
Apr 16, 2009
Secretary of State

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

Current Principal Place of Business:

10313 WEST LAKE ROAD
MILTON, FL 23583

New Principal Place of Business:

10313 WEST LAKE ROAD
MILTON, FL 32583

Current Mailing Address:

10313 WEST LAKE ROAD
MILTON, FL 23583

New Mailing Address:

10313 WEST LAKE ROAD
MILTON, FL 32583

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICKERSON, JAN
10313 WEST LAKE ROAD
MILTON, FL 23583 US

Name and Address of New Registered Agent:

NICKERSON, JAN
10313 WEST LAKE ROAD
MILTON, FL 32583 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:

04/16/2009

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NICKERSON, JAN
Address: 10313 WEST LAKE ROAD
City-St-Zip: MILTON, FL 32583

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

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date