

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004104

FILED
Jan 26, 2009
Secretary of State

Entity Name: BULL TERRIER RESCUE OF FLORIDA INC.

Current Principal Place of Business:

9606 N. WILLOW AVE
TAMPA, FL 336127748

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6132
TAMPA, FL 336080132

New Mailing Address:

9606 N. WILLOW AVE
TAMPA, FL 336127748

FEI Number: 20-4654572

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOOR, NIKKI S
3108 BATTEN ROAD
BROOKSVILLE, FL 34602 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: P/T () Delete
Name: DAVIDSON MOOR, NIKKI S
Address: 3108 BATTEN ROAD
City-St-Zip: BROOKSVILLE, FL 34602

Title: D () Delete
Name: MOOR, GEORGE D
Address: 3108 BATTEN ROAD
City-St-Zip: BROOKSVILLE, FL 34602

Title: D/S () Delete
Name: NELSON, PAULA J JR
Address: 3108 BATTEN ROAD
City-St-Zip: BROOKSVILLE, FL 34602

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DENKER, DAN
Address: 9606 N. WILLOW AVE
City-St-Zip: TAMPA, FL 336127748

Title: S (X) Change () Addition
Name: NELSON, PAULA J JR.
Address: 9606 WILLOW AVE
City-St-Zip: TAMPA, FL 336127748

Title: T (X) Change () Addition
Name: MIDULLA, EDITH
Address: 9606 WILLOW AVE
City-St-Zip: TAMPA, FL 336127748

Title: DR () Change (X) Addition
Name: MOOR, NIKKI D
Address: 3108 BATTEN ROAD
City-St-Zip: BROOKSVILLE, FL 34602

Title: DR () Change (X) Addition
Name: MOOR, GEORGE
Address: 3108 BATTEN ROAD
City-St-Zip: BROOKSVILLE, FL 34602

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: NIKKI DAVIDSON MOOR

DR

01/26/2009

Electronic Signature of Signing Officer or Director

Date