

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# N06000006710

Entity Name: CENTRAL FLORIDA PUG RESCUE, INC.

Current Principal Place of Business:

4436 RADIO AVE
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

PO BOX 953744
LAKE MARY, FL 327953744

New Mailing Address:

FEI Number: 20-5088409 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILCOX, WENDI
4436 RADIO AVE
SANFORD, FL 32773 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: T () Delete
Name: CALLIN, BECKY
Address: 1614 ROOSEVELT AVE.
City-St-Zip: ORLANDO, FL 32804

Title: P () Delete
Name: WILCOX, WENDI
Address: 4436 RADIO AVE.
City-St-Zip: SANFORD, FL 32773

Title: V () Delete
Name: HOFFMAN, SHARON
Address: 343 PINE SPRINGS DRIVE
City-St-Zip: DEBARY, FL 32713

Title: S () Delete
Name: COLBY, ANN E
Address: 7797 BROKEN ARROW TR
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: HILDERETH, CINDY
Address: 5840 DEASE ROAD
City-St-Zip: SAINT CLOUD, FL 34771

Title: D () Delete
Name: FOSTER-CORRERA, SARINA
Address: 11003 GREENAIRE DRIVE
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: NUNES, JUDI
Address: 1107 SHADOWBROOK TRAIL
City-St-Zip: WINTER SPRINGS, FL 32708

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: HOFFMAN, SHARON
Address: 343 PINE SPRINGS DRIVE
City-St-Zip: DEBARY, FL 32713

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HOLFELD, MIKE
Address: 9828 MONTCLAIR CIRCLE
City-St-Zip: APOPKA, FL 32703

Title: V (X) Change () Addition
Name: FOSTER-CORREA, SARINA
Address: 11003 GREENAIRE DRIVE
City-St-Zip: TAMPA, FL 33624

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: ANN E. COLBY

S

01/23/2009

Electronic Signature of Signing Officer or Director

_____ Date