2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2009
Secretary of State

DOCUMENT# N06000008883

Entity Name: SUNSHINE CORGI RESCUE, INC.

Current Principal Place of Business:

6422 N GOMEZ AVENUE
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

6422 N GOMEZ AVENUE
TAMPA, FL 33614

New Mailing Address:

FEI Number: 83-0464569 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILSON, MIKE
6422 N GOMEZ AVENUE
TAMPA, FL 33614 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:	DP	( ) Delete
Name:	WILSON, MIKE	
Address:	6422 N GOMEZ AVENUE	
City-St-Zip:	TAMPA, FL 33614	
Title:	VPD	( ) Delete
Name:	BATES, ANDRIA S	
Address:	1936 ALTON DR.	
City-St-Zip:	CLEARWATER, FL 33763	
Title:	DS	( ) Delete
Name:	MCCLURE, CLAIRE	
Address:	6777 CR 219	
City-St-Zip:	WILDWOOD, FL 34785	
Title:	DT	( ) Delete
Name:	FREDEL, PAM	
Address:	1401 EDMUNDSHIRE LANE	
City-St-Zip:	ORLANDO, FL 33755	
Title:	D	( ) Delete
Name:	SMITH, KERI	
Address:	2351 WILMHURST RD	
City-St-Zip:	DELAND, FL 32720	
Title:	D	( ) Delete
Name:	STEINMETZ, GAIL	
Address:	827 EL VEDADO	
City-St-Zip:	WEST PALM BEACH, FL 33405	

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:	
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: PAMELA A PRIME-FREDEL DT 04/11/2009

Electronic Signature of Signing Officer or Director — Date