

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009969

Entity Name: K94U RESCUE, INC.

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

9558 EDEN MANOR
PARKLAND, FL 33076

New Principal Place of Business:

Current Mailing Address:

9558 EDEN MANOR
PARKLAND, FL 33076

New Mailing Address:

8508 NW 52ND PLACE
CORAL SPRINGS, FL 33067 US

FEI Number: 20-5590817 FEI Number Applied For () FEI Number Not Applicable () 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:

TAX HOUSE CORPORATION
1261 E SAMPLE RD
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

CULLIN, DELCIE B PRES
9558 EDEN MANOR
PARKLAND, FL 33076 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: DELCIE B. CULLIN

05/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CULLIN, DELCIE
Address: 9558 EDEN MANOR
City-St-Zip: PARKLAND, FL 33076

Title: VPD () Delete
Name: PHENES, ANDREA Z
Address: 9558 EDEN MANOR
City-St-Zip: PARKLAND, FL 33076

Title: SD (X) Delete
Name: SANGEORGI, SAMUEL
Address: 9558 EDEN MANOR
City-St-Zip: PARKLAND, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CULLIN, DELCIE B
Address: 9558 EDEN MANOR
City-St-Zip: PARKLAND, FL 33076

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: DELCIE B. CULLIN

PD

05/01/2009

Electronic Signature of Signing Officer or Director

Date