

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012547

FILED
Mar 20, 2008
Secretary of State

Entity Name: FLORIDA WEIMARANER RESCUE, INC.

Current Principal Place of Business:

504 FIREWOOD AVE.
EUSTIS, FL 32726

New Principal Place of Business:

Current Mailing Address:

504 FIREWOOD AVE.
EUSTIS, FL 32726

New Mailing Address:

FEI Number: 20-8015371

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SALMOND, CASSANDRA
504 FIREWOOD AVE.
EUSTIS, FL 32726 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: CD () Delete
Name: SALMOND, CASSANDRA
Address: 504 FIREWOOD AVE.
City-St-Zip: EUSTIS, FL 32726

Title: D () Delete
Name: DONNELLY, JUDY
Address: 109 GRAINGER LANE
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: BOLAND, JUDEE
Address: 549 N. VOLUSIA AVE.
City-St-Zip: ORANGE CITY, FL 32725

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: ASHLEY, ANGEL
Address: 207 GOODWIN STREET
City-St-Zip: EAST PALATKA, FL 32131 US

Title: D () Change (X) Addition
Name: AVILA, JODI
Address: 145 NE TWYLLITE TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

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: CASSANDRA SALMOND

CD

03/20/2008

Electronic Signature of Signing Officer or Director

Date