## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000000907

FILED Mar 03, 2009 Secretary of State

Entity Name: RESCUING ANIMALS IN NASSAU, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	BECCA LANE AN, FL 32011				
Current Mailing Address:			New Maili	New Mailing Address:	
	BECCA LANE AN, FL 32011				
FEI Numbe	r: 75-3240439	FEI Number Applied For()	FEI Number Not Appl	icable ( ) Certificate of Status Desired ( )	
Name an	d Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:	
406 ASH	(, ALEXANDRA ST. DINA BEACH, I				
	e named entity : te of Florida.	submits this statement for the	purpose of changing it	ts registered office or registered agent, or both,	
SIGNATU	JRE:				
	Electror	nic Signature of Registered Ag	ent	Date	
OFFICER	S AND DIREC	TORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	GOODWIN, RH 24 MARSH BAY		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	WOOD, LARRY 8144 FIRST CO	) Delete / DAST HIGHWAY BEACH, FL 32034	Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	SEDLACK, ELC 95136 SPINNA		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ALBRIGHT, RO 13 WILLOW PO		Title: Name: Address: City-St-Zip:	DS (X) Change ( ) Addition MIXSON, LYNDA A 85576 HADDOCK ROAD YULEE, FL 32097	
<del>-</del>	JUMP, WILLIA	BEACH BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:		SEACH, FL 32034			

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: LYNDA A MIXSON DS 03/03/2009