

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000001582

**FILED**  
**Jan 16, 2008**  
**Secretary of State**

**Entity Name:** FLORIDA CHINESE SHAR PEI RESCUE INC.

**Current Principal Place of Business:**

5514 NW 99 TERRACE  
GAINESVILLE, FL 32653

**New Principal Place of Business:**

**Current Mailing Address:**

5514 NW 99 TERRACE  
GAINESVILLE, FL 32653

**New Mailing Address:**

**FEI Number: 20-8444082     FEI Number Applied For ( )     FEI Number Not Applicable ( )     Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ABEL, BARBARA  
5514 NW 99 TERRACE  
GAINESVILLE, FL 32653     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:        PTD                ( ) Delete  
Name:        ABEL, BARBARA  
Address:     5514 NW 99 TERRACE  
City-St-Zip: GAINESVILLE, FL 32653

Title:        VD                ( ) Delete  
Name:        CLARK, LEIGH  
Address:     1024 NELSON ST.  
City-St-Zip: JACKSONVILLE, FL 32205

Title:        SD                ( ) Delete  
Name:        WATERS, CHANDRA  
Address:     P.O. BOX 596  
City-St-Zip: UMATILLA, FL 32784

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title:                SD                (X) Change ( ) Addition  
Name:                PAVONE, AMY  
Address:             9600 NW 25 ST  
City-St-Zip:        SUNRISE, FL 33322

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:** BARBARA ABEL

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

PTD

01/16/2008

\_\_\_\_\_ Date