

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003668

FILED
Apr 22, 2009
Secretary of State

Entity Name: PAWS RESCUE, INC.

Current Principal Place of Business:

250 INDIAN BRANCH RANCH ROAD
ST AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

250 INDIAN BRANCH RANCH ROAD
ST AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 20-8847821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, SHAWN MS.
250 INDIAN BRANCH RANCH ROAD
ST AUGUSTINE, FL 32092 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: PRES () Delete
Name: WILLIAMS, SHAWN MS
Address: 250 INDIAN BRANCH RANCH ROAD
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: VP () Delete
Name: POWELL, FRED MD
Address: 250 INDIAN BRANCH RANCH ROAD
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: SEC. () Delete
Name: CASTILLOUX, KRISTIE MRS.
Address: 1424 RIVA DEL GARDA WAY
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: DIR. () Delete
Name: SELK, AMANDA MISS
Address: 250 INDIAN BRANCH RANCH ROAD
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: TRES () Delete
Name: ZEIER, DIANE MRS.
Address: 250 INDIAN BRANCH RANCH ROAD
City-St-Zip: ST. AUGUSTINE, FL 32092 US

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:

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: SHAWN WILLIAMS

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date