

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90077 001 ****70.00

DOCUMENT # N07000008354

1. Entity Name
RESCUED HEARTS ANIMAL SHELTER, INC.



Principal Place of Business
**123 CHEROKEE ROAD
ORMOND BEACH, FL 32174**

Mailing Address
**123 CHEROKEE ROAD
ORMOND BEACH, FL 32174**

40002300



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number

26 0890299

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WADE-CAROTENUTO, AMY
123 CHEROKEE ROAD
ORMOND BEACH, FL 32174**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	THULIN, ELIZABETH	
STREET ADDRESS	36 CREEK BLUFF ROAD	
CITY-STATE-ZIP	FLAGLER BEACH, FL 32136	
TITLE	V	<input type="checkbox"/> Delete
NAME	MYERS, LYNN H A	
STREET ADDRESS	1338 HOLLY AVE.	
CITY-STATE-ZIP	HOLLY HILL, FL 32117	
TITLE	S	<input type="checkbox"/> Delete
NAME	LECRONE, DIANE	
STREET ADDRESS	224 RIVERBEND RD	
CITY-STATE-ZIP	ORMOND BEACH, FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILBERT, ALLEN DR.	
STREET ADDRESS	8 PANORAMA DR.	
CITY-STATE-ZIP	PALM COAST, FL 32164	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUVAL, M. MARIA	
STREET ADDRESS	226 RIVER BEACH DR.	
CITY-STATE-ZIP	ORMOND BEACH, FL 32176	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARDISON, INNA	
STREET ADDRESS	285 WESTHAMPTON DR.	
CITY-STATE-ZIP	PALM COAST, FL 32164	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Levine, Arnold F.	
STREET ADDRESS	14 Clemonton Lane	
CITY-STATE-ZIP	Palm Coast, FL 32137	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Myers, Lynn A.	
STREET ADDRESS	1338 Holly Avenue	
CITY-STATE-ZIP	Holly Hill, FL 32117	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Diane W. LeCrone **Diane W. LeCrone, Secretary** 01/05/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

386-566-3734