

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002944

FILED
Apr 01, 2009
Secretary of State

Entity Name: NORTHWEST FLORIDA GREAT DANE RESCUE, INC.

Current Principal Place of Business:

209 BERRY RD.
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

209 BERRY RD.
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 32-0245059

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHOOS, S. SCOTT ESQ.
44 NE 16TH ST.
HOMESTEAD, FL 33030 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: P () Delete
Name: ALLEN, JEANNINE
Address: 209 BERRY RD.
City-St-Zip: PENSACOLA, FL 32507

Title: V () Delete
Name: KEE, PATSY
Address: 5411 MURRAY LANE
City-St-Zip: PENSACOLA, FL 32506

Title: S () Delete
Name: BROWN, SARAH
Address: 526 SOUTH 1ST ST.
City-St-Zip: PENSACOLA, FL 32507

Title: T () Delete
Name: DAVIS, WAYNE
Address: 209 BERRY RD.
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: CRAMER, MICHELLE
Address: 2656 SHERRILANE DRIVE
City-St-Zip: CANTONMENT, FL 32533

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: MICHELLE CRAMER

S

04/01/2009

Electronic Signature of Signing Officer or Director

Date