2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2009
Secretary of State

DOCUMENT# N08000004996

Entity Name: ALLEGIANT RESCUE MISSION INC

Current Principal Place of Business:

105 ANNAPOLIS LANE
PONTE VEDRA, FL 32082 US

New Principal Place of Business:

Current Mailing Address:

105 ANNAPOLIS LANE
PONTE VEDRA, FL 32082 US

New Mailing Address:

FEI Number: 26-2664665 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHECHELE, T. SAMANTHA
5625 CENTRAL AVENUE
ST. PETERSBURG, FL 33710 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: RALSTON, NANCY G
Address: 105 ANNAPOLIS LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: VP ( ) Delete
Name: CHECHELE, T. SAMANTHA
Address: 5625 CENTRAL AVENUE
City-St-Zip: ST PETERSBURG, FL 33710 US

Title: S ( ) Delete
Name: RALSTON, KENT S
Address: 105 ANNAPOLIS LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: T ( ) Delete
Name: LYTLE, JANE G
Address: 9067 BRIARWOOD DRIVE
City-St-Zip: SEMINOLE, FL 33772 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:

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: NANCY RALSTON P 03/07/2009

Electronic Signature of Signing Officer or Director — Date