

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000004996

**FILED**  
**Feb 20, 2011**  
**Secretary of State**

**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:**

RALSTON, KENT S  
105 ANNAPOLIS LANE  
PONTE VEDRA BEACH, FL 32082 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  
Name: RALSTON, NANCY G  
Address: 105 ANNAPOLIS LANE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

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

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

I hereby 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 all other like empowered.

SIGNATURE: KENT S RALSTON

S

02/20/2011

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

\_\_\_\_\_  
Date