## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000006307

FILED May 07, 2009 Secretary of State

Entity Name: CITRUS GOLDEN RETRIEVER RESCUE, INC.

Current P	rincipal Place of Business:	New Principal Place of Business:
2935 E BL	JCK COURT SS, FL 34452	
Current M	lailing Address:	New Mailing Address:
	FICE BOX 1237 SS, FL 34451	
	: 41-2277929 FEI Number Applied For() FE ce with s. 607.193(2)(b), F.S., the corporation did not rece	El Number Not Applicable ( ) Certificate of Status Desired ( ) eive the prior notice.
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
5647 110T	STERED AGENT, INC. THAVENUE NORTH ALM BEACH, FL 33411 US	HUGH E PHILLIPS CPA, INC 2412 N ESSEX AVE HERNANDO, FL 34442 US
	named entity submits this statement for the purpo e of Florida.	ose of changing its registered office or registered agent, or both,
SIGNATU	RE: HUGH E PHILLIPS CPA, INC	05/07/2009
	Electronic Signature of Registered Agent	Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	PD () Delete PAVLIK, ELLEN 595 S WEST BEND POINT LECANTO, FL 34461	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VD () Delete SALTON, ROBERT 3736 EAST COVE PARK TRAIL HERNANDO, FL 34442	Title: D (X) Change ( ) Addition Name: KRIEGER, KAY Address: 4948 MULBERRY LOOP City-St-Zip: BEVERLY HILLS, FL 34465
Title: Name: Address: City-St-Zip:	SD ( ) Delete CORNELL, JILL POST OFFICE BOX 1237 INVERNESS, FL 34451	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	TD ( ) Delete SALTON, MARILYN 3736 EAST COVE PARK TRAIL HERNANDO, FL 34442	Title: TD (X) Change ( ) Addition Name: KIRK, SUSAN Address: 23 SE KINGS BAY DR City-St-Zip: CRYSTAL RIVER, FL 34429
Title: Name: Address: City-St-Zip:	( ) Delete	Title: D ( ) Change (X) Addition Name: LITTLEFIELD, RALPH Address: 4058 NORTH LITTLE DOVE TERR City-St-Zip: HERNANDO, FL 34442
Title: Name: Address: City-St-Zip:	( ) Delete	Title: D ( ) Change (X) Addition Name: CONRAD, COLLEEN Address: 3717 NORTH INDIANHEAD ROAD City-St-Zip: HERNANDO, FL 34442

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: ELLEN PAVLIK PD 05/07/2009