2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2009
Secretary of State

DOCUMENT# N08000007806

Entity Name: CHINESE CRESTED, HAIRLESS AND SMALL DOG RESCUE OF FLORIDA, INC.

Current Principal Place of Business:

14326 NOTTINGHAM TRAIL
HUDSON, FL 34669

New Principal Place of Business:

Current Mailing Address:

14326 NOTTINGHAM TRAIL
HUDSON, FL 34669

New Mailing Address:

FEI Number: 26-3178409 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SHORT, PAUL R
1214 WEST BEARSS AVENUE
TAMPA, FL 33613 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: D ( ) Delete
Name: JOHN, DENISE M
Address: 14326 NOTTINGHAM TRAIL
City-St-Zip: HUDSON, FL 34669

Title: D ( ) Delete
Name: JOHN, TOM T
Address: 14326 NOTTINGHAM TRAIL
City-St-Zip: HUDSON, FL 34669

Title: D ( ) Delete
Name: JOHN, JENNIFER M
Address: 5202 GATO DEL SOL CIRCLE
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: D ( ) Delete
Name: SANTO, JEANNE
Address: 191 MYSTIC LAKE DRIVE
City-St-Zip: ST. PETERSBURG, FL 33702

Title: D ( ) Delete
Name: JOHN-BOWMAN, JESSICA L
Address: 1807 VALLEY ROAD
City-St-Zip: CHAMPAGNE, IL

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:

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: DENISE M JOHN D 08/21/2009
Electronic Signature of Signing Officer or Director Date