

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007809

FILED
Jan 20, 2009
Secretary of State

Entity Name: LAST STOP RESCUE CENTER INC. HILL TOP CHAPTER

Current Principal Place of Business:

16716 YS 441
MT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

16716 YS 441
MT DORA, FL 32757

New Mailing Address:

3069 ANDERSON SNOW RD. #436
SPRING HILL, FL 34609

FEI Number: 26-2614311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUPUIS, TINA
3069 ANDERSON SNOW RD. #436
SPRING HILL, FL 34609 US

Name and Address of New Registered Agent:

NOBLE, VANESSA
3069 ANDERSON SNOW RD. #436
SPRING HILL, FL 34609 US

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: VANESSA NOBLE

01/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DUPUIS, TINA
Address: 3069 ANDERSON SNOW RD. #436
City-St-Zip: SPRING HILL, FL 34609

Title: D () Delete
Name: SCHUMANN, BARBARA
Address: 84 CORTEZ BLVD.
City-St-Zip: BROOKSVILLE, FL 34605

Title: D () Delete
Name: BROWN, LISA
Address: 27315 POPIEL RD.
City-St-Zip: BROOKSVILLE, FL 34602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: NOBLE, VANESSA
Address: 3069 ANDERSON SNOW RD. #436
City-St-Zip: SPRING HILL, FL 34609

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

Title: D (X) Change () Addition
Name: ZURLA, DANIELLE
Address: 3069 ANDERSON SNOW RD. #436
City-St-Zip: BROOKSVILLE, FL 34609

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: VANESSA NOBLE

D

01/20/2009

Electronic Signature of Signing Officer or Director

Date