

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008821

FILED  
Jun 05, 2009  
Secretary of State

**Entity Name:** THE FORGOTTEN DOG RESCUE, INC.

**Current Principal Place of Business:**

7306 GARY AVENUE  
MIAMI BEACH, FL 331412509

**New Principal Place of Business:**

**Current Mailing Address:**

7306 GARY AVENUE  
MIAMI BEACH, FL 331412509

**New Mailing Address:**

**FEI Number:** 26-3525168      **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:**

MACNIVEN, RUTH  
7306 GARY AVENUE  
MIAMI BEACH, FL 331412509 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: PD ( ) Delete  
Name: LIPNER, ELSE  
Address: 1241 NE 87TH STREET  
City-St-Zip: MIAMI, FL 33138

Title: VD ( ) Delete  
Name: BURGESS, GLENDA  
Address: 9044 CR 561  
City-St-Zip: CLERMONT, FL 34711

Title: STD ( ) Delete  
Name: MACNIVEN, RUTH  
Address: 7306 GARY AVENUE  
City-St-Zip: MIAMI BEACH, FL 331412509

**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:

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: RUTH MACNIVEN

STD

06/05/2009

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

\_\_\_\_\_  
Date