

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010845

FILED
Jun 22, 2009
Secretary of State

Entity Name: LAKE RESCUE ADOPTIONS INC.

Current Principal Place of Business:

1315 OAK DR.
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

1315 OAK DR.
MOUNT DORA, FL 32757

New Mailing Address:

FEI Number: 26-3791514 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:

HANNA, ROBERT B
1315 OAK DR.
MOUNT DORA, FL 32757 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 () Delete
Name: HANNA, ROBERT B
Address: 1315 OAK DR.
City-St-Zip: MOUNT DORA, FL 32757

Title: VP () Delete
Name: FILES, DAWN
Address: 1315 OAK DR.
City-St-Zip: MOUNT DORA, FL 32757

Title: S () Delete
Name: TALSMA, JOSHUA
Address: 32321 HAVEN CT. #108
City-St-Zip: LEESBURG, FL 34788

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: HANNA, ROBERT B
Address: 1315 OAK DR.
City-St-Zip: MOUNT DORA, FL 32757

Title: P (X) Change () Addition
Name: FILES, DAWN M
Address: 1315 OAK DR.
City-St-Zip: MOUNT DORA, FL 32757

Title: S (X) Change () Addition
Name: WEEDMARK, SUSAN J
Address: 905 CLOVER CT.
City-St-Zip: LONGS, SC 29568

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: DAWN M FILES

P

06/22/2009

Electronic Signature of Signing Officer or Director

Date