

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011574

FILED
Jun 30, 2009
Secretary of State

Entity Name: QUALITY CARE EQUINE RESCUE, INC.

Current Principal Place of Business:

4670 SE 152ND CT
MORRISTON, FL 32668

New Principal Place of Business:

Current Mailing Address:

PO BOX 317
MORRISTON, FL 32668

New Mailing Address:

FEI Number: 26-3965758 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:

STAHL, CHRISTINA
1951 SE 160TH AVE
MORRISTON, FL 32668 US

Name and Address of New Registered Agent:

STAHL, CHRISTINA
4670 SE 152ND CT.
MORRISTON, FL 32668 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: CHRISTINA STAHL

06/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, T () Change (X) Addition
Name: STAHL, CHRISTINA E
Address: 4670 SE 152ND CT
City-St-Zip: MORRISTON, FL 32668

Title: VP () Change (X) Addition
Name: HADLEY, CARLETTA L
Address: 1921 EVERGLADES BLVD. N
City-St-Zip: NAPLES, FL 34120

Title: S () Change (X) Addition
Name: RICHARDS, LISA M
Address: 8205 LAKE SAN CARLOS CIRCLE
City-St-Zip: FT. MYERS, FL 33967

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: CHRISTINA STAHL

P

06/30/2009

Electronic Signature of Signing Officer or Director

Date