# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 17, 2011**
**Secretary of State**

DOCUMENT# N09000000522

**Entity Name:** TRIPLE J RANCH , RESCUE AND REHAB INC

**Current Principal Place of Business:**

248 SE OAK RIDGE COURT
HIGH SPRINGS, FL 32643

**New Principal Place of Business:**

**Current Mailing Address:**

248 SE OAK RIDGE COURT
HIGH SPRINGS, FL 32643

**New Mailing Address:**

**FEI Number: 26-4097393** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUGHES, NANCY J
208 SE OAK RIDGE COURT
HIGH SPRINGS, FL 32643 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: DIR
Name: FOWLER, MARION E
Address: 248 SE OAK RIDGE COURT
City-St-Zip: HIGH SPRINGS, FL 32643

Title: DIR
Name: FOWLER, JAMES T
Address: 234 SW NANTUCKET PL
City-St-Zip: FORT WHITE, FL 32038

Title: DIR
Name: WILLIAMSON, REBECCA I
Address: 20490 SOUTH US HWY 441
City-St-Zip: HIGH SPRINGS, FL 32643

Title: DIR
Name: HUGHES, NANCY J
Address: 208 S.E. OAK RIDGE CT
City-St-Zip: HIGH SPRINGS, FL 32643

Title: DIR
Name: HOPE, CLARANCE SR
Address: 297 SE CATALDO GLN
City-St-Zip: HIGH SPRIGNS, FL 32643

I hereby 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 all other like empowered.

SIGNATURE: MARION FOWLER DIR 02/17/2011
Electronic Signature of Signing Officer or Director Date