

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000007081

**FILED**  
**Jun 18, 2010**  
**Secretary of State**

**Entity Name:** LONEPINE RESCUE INCORPORATED

**Current Principal Place of Business:**

8282 SHADOW WOOD BLVD  
CORAL SPRINGS, FL 33071 US

**New Principal Place of Business:**

**Current Mailing Address:**

8282 SHADOW WOOD BLVD  
CORAL SPRINGS, FL 33071 US

**New Mailing Address:**

**FEI Number:** 27-0657879

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SUDDUTH, DIANE M DR.  
8282 SHADOW WOOD BLVD  
CORAL SPRINGS, FL 33071 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  
**Name:** PIECHOCKI, WILLIAM E  
**Address:** 8282 SHADOW WOOD BLVD  
**City-St-Zip:** CORAL SPRINGS, FL 33071

**Title:** VP  
**Name:** SUDDUTH, DIANE M DR  
**Address:** 8282 SHADOW WOOD BLVD  
**City-St-Zip:** CORAL SPRINGS, FL 33071

**Title:** SECR  
**Name:** MENDEZ, TERRY  
**Address:** 219 SE 1ST TERRACE  
**City-St-Zip:** POMPANO BEACH, FL 33060

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:** DIANE SUDDUTH

VP

06/18/2010

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

\_\_\_\_\_  
Date