

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39034

FILED
May 30, 2009
Secretary of State

Entity Name: MELISSA'S RESCUE CORPORATION

Current Principal Place of Business:

16601 ST RD 80
CLEWISTON, FL 33440

New Principal Place of Business:

1255 EVERGLADES AVE.
CLEWISTON, FL 33440

Current Mailing Address:

PO BOX 2861
CLEWISTON, FL 33440

New Mailing Address:

FEI Number: 65-0210049 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:

WRIEDT, MIMI
16601 ST RD 80
CLEWISTON, FL 33440 US

Name and Address of New Registered Agent:

WRIEDT, MIMI
1255 EVERGLADES AVE.
CLEWISTON, FL 33440 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: MIMI WRIEDT

05/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WRIEDT, MIMI
Address: 16601 STATE RD 80
City-St-Zip: CLEWISTON, FL 33440

Title: STD () Delete
Name: LOTZKO, WILLIAM
Address: 16601 STATE RD 80
City-St-Zip: CLEWISTON, FL 33440

Title: D () Delete
Name: WRIEDT, PAMELA
Address: 6 VIOLET LANE
City-St-Zip: WESTPORT, CT

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WRIEDT, MIMI
Address: 1255 EVERGLADES AVE
City-St-Zip: CLEWISTON, FL 33440

Title: STD (X) Change () Addition
Name: LOTZKO, WILLIAM
Address: 1255 EVERGLADES AVE
City-St-Zip: CLEWISTON, FL 33440

Title: D (X) Change () Addition
Name: WRIEDT, PAMELA
Address: 6 VIOLET LANE
City-St-Zip: WESPORT, CT 06880

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: MIMI WRIEDT

PD

05/30/2009

Electronic Signature of Signing Officer or Director

Date