## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000001719

Entity Name: GAINESVILLE PET RESCUE, INC.

FILED Jan 23, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
5403 SW ARCHER RD GAINESVILLE, FL 3260	8 US				
Current Mailing Address:			New Mailing Address:		
5403 SW ARCHER RD GAINESVILLE, FL 3260	8 US				
FEI Number: 59-3183931	FEI Number Applied For()	FEI Nun	nber Not Appli	cable ( )	Certificate of Status Desired ( )
Name and Address of	Current Registered Agent:		Name and	Address of N	ew Registered Agent:
GIBSON, CHERYL 600 NW 75TH ST, STE.C GAINESVILLE, FL 32607 US		SWYMER, CHERYL MS. 5403 SW ARCHER RD GAINESVILLE, FL 32608 US			
The above named entity in the State of Florida.	submits this statement for the pu	ırpose o	f changing it	s registered of	fice or registered agent, or both,
SIGNATURE: CHERYL SWYMER			01/23/2009		
Electronic Signature of Registered Agent					Date
OFFICERS AND DIREC	CTORS:		ADDITION	S/CHANGES	TO OFFICERS AND DIRECTORS:
Name: ROSS, FREDE Address: 1730 NW 113' City-St-Zip: GAINESVILLE	TH DRIVE		Title: Name: Address: City-St-Zip: Title:	ROSS, FREDEF 1730 NW 113TH GAINESVILLE, I	I DRIVE
Name: Address: City-St-Zip:	, Dalate		Name: Address: City-St-Zip:	WITHEY, DORIE 382 SW 62ND E GAINESVILLE, I	E MS. BLVD APT 4
Title: ( Name: Address: City-St-Zip:	) Delete		Title: Name: Address: City-St-Zip:	D () WARD, MARLO 915 NE 12TH AV GAINESVILLE, I	/ENUE
Title: ( Name: Address: City-St-Zip:	) Delete		Title: Name: Address: City-St-Zip:	D () FOOTE, ANGEL 8845 SW 11TH GAINESVILLE, I	AVENUE
Title: ( Name: Address: City-St-Zip:	) Delete		Title: Name: Address: City-St-Zip:	D () JUDD, KAREN 4000 NW 51ST GAINESVILLE, I	ST APT 250 N
Title: ( Name: Address: City-St-Zip:	) Delete		Title: Name: Address: City-St-Zip:	D () CAMPBELL, LE 4234 NW 26TH GAINESVILLE, I	TER

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: FREDERICK ROSS PRES 01/23/2009