

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 05, 2008
Secretary of State

DOCUMENT# N97000002833

Entity Name: GOLDEN RETRIEVER RESCUE OF MID-FLORIDA, INC.**Current Principal Place of Business:**9132 RIDGE PINE TRAIL
ORLANDO, FL 32819 US**New Principal Place of Business:**660 E. CHAPMAN ROAD
OVIEDO, FL 32765 US**Current Mailing Address:**PO BOX 1449
GOLDENROD, FL 32733 US**New Mailing Address:****FEI Number:** 59-3456998 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SPEARS, NANCY I
9132 RIDGE PINE TRAIL
ORLANDO,, FL 32819 US**Name and Address of New Registered Agent:**DURHAM, BARBARA A
660 E. CHAPMAN ROAD
OVIEDO, FL 32765 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: BARBARA A. DURHAM

11/05/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: DURHAM, BARBARA A
Address: 660 E. CHAPMAN ROAD
City-St-Zip: OVIEDO, FL 32765**Title:** V () Delete
Name: MCKEE, CAROL
Address: 15922 HANSON VIEW DRIVE
City-St-Zip: TAVARES, FL 32778 US**Title:** V () Delete
Name: SUMNER, SANDY
Address: 1045 GORE DRIVE
City-St-Zip: OVIEDO, FL 32765**Title:** S () Delete
Name: MCGOVERN, MARCIA
Address: 110 GOLFSIDE CIRCLE
City-St-Zip: SANFORD, FL 32773**Title:** T () Delete
Name: SPEARS, NANCY I
Address: 9132 RIDGE PINE TRAIL
City-St-Zip: ORLANDO, FL 32819**Title:** D () Delete
Name: LAWRENCE, BILL
Address: 1138 SHAFFER TRAIL
City-St-Zip: OVIEDO, FL 32765 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: BARBARA A. DURHAM

PRES

11/05/2008

Electronic Signature of Signing Officer or Director

Date