

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004155

FILED
Apr 25, 2006
Secretary of State

Entity Name: TALLAHASSEE BIG DOG RESCUE, INC.

Current Principal Place of Business:

4728 PIMLICO DR
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

4728 PIMLICO DR
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 59-3517684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAXFIELD, DEE ANN B
4728 PIMLICO DR
TALLAHASSEE, FL 32309 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: PT () Delete
Name: MAXFIELD, DEE ANN B
Address: 4728 PIMLICO DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: VS () Delete
Name: BENTLEY, RITA
Address: 11 KIINGS RD
City-St-Zip: HAVANA, FL 32333

Title: D () Delete
Name: WHITFIELD, BRANDEE
Address: 2041 EASTGATE WAY
City-St-Zip: TALLAHASSEE, FL 32308

Title: MD () Delete
Name: CONNOLLY, SHEREE
Address: RT 5 BOX 5579 DOVE LANE
City-St-Zip: MONTICELLO, FL 32344

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WHITFIELD, BRANDEE
Address: 2657 NEZ PERCE TRAIL
City-St-Zip: TALLAHASSEE, FL 32303

Title: MD (X) Change () Addition
Name: CONNOLLY, SHEREE
Address: 380 DOVE LANE
City-St-Zip: MONTICELLO, FL 32344

I hereby certify that the information supplied with this filing does not qualify for the 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: DEE ANN MAXFIELD

PT

04/25/2006

Electronic Signature of Signing Officer or Director

Date