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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N98000006837**

1. Corporation Name

FLORIDA POODLE RESCUE, INC.

* 409555 - 90038 - 27 *

Principal Place of Business	Mailing Address
1625 BEACH DRIVE N.E. ST. PETERSBURG FL 33704	~~1625 BEACH DRIVE N.E.~~ ~~ST. PETERSBURG FL 33704~~

2. Principal Place of Business 21	2a. Mailing Address 26 PO BOX 7336	3. Date Incorporated or Qualifed 12/04/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3545425 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 ST. PETERSBURG, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 33734 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ZSCHAU, JULIUS J
JOHNSON, BLAKELY, POPE, BOKOR RUPPEL, P.A.
911 CHESTNUT STREET
CLEARWATER FL 33756

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BONATI, PATRICIA		1.2 NAME	
STREET ADDRESS	1650 BEACH DRIVE NE		1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33704		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, JIM		2.2 NAME	
STREET ADDRESS	1436 29TH AVENUE N.		2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33704		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	RUFFNER, ALICE		3.2 NAME	
STREET ADDRESS	625 16TH AVENUE NE		3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33704		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	THURMAN, SHEILA		4.2 NAME	
STREET ADDRESS	1625 BEACH DRIVE NE		4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERBURG FL 33704		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	PLOECKELMAN, JEAN		5.2 NAME	
STREET ADDRESS	1014 FRIENDSHI LANE		5.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alice W. Ruffner SIGNATURE REQUIRED 4-21-99 727-823-5279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ALICE W. RUFFNER, TREASURER

CR2E037_(11/98)