

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006837

FILED
Mar 21, 2009
Secretary of State

Entity Name: FLORIDA POODLE RESCUE, INC.

Current Principal Place of Business:

1650 BEACH DR. NE
ST. PETERSBURG, FL 33704

New Principal Place of Business:

Current Mailing Address:

PO BOX 7336
ST. PETERSBURG, FL 33734

New Mailing Address:

FEI Number: 59-3545425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZSCHAU, JULIUS J
2701 N. ROCKY POINT DR.
SUITE 930
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

O'RYAN, CHRISTIAN
2701 N. ROCKY POINT DR.
SUITE 930
TAMPA, FL 33607 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: CHRISTIAN O'RYAN

03/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BONATI, PATRICIA
Address: 1650 BEACH DR. NE
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: TD () Delete
Name: CRAIG, DEBBIE
Address: 1650 BEACH DR. NE
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: VD () Delete
Name: THURMAN, SHEILA
Address: 1650 BEACH DR. NE
City-St-Zip: ST. PETERBURG, FL 33704

Title: SD () Delete
Name: HAVERTY, JUDY
Address: 1650 BEACH DR. NE
City-St-Zip: SAINT PETERSBURG, FL 33704

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
Name:
Address:
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: PATRICIA S. BONATI

PRES

03/21/2009

Electronic Signature of Signing Officer or Director

Date