2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006753

City-St-Zip:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address: City-St-Zip: GAINESVILLE, FL 32608

ROCKLEDGE, FL 32955

MAYS, MARTY

970 PINSON BLVD

GARDNER, CHUCK

186 EDEN AVE

() Delete

() Delete

SATELITE BEACH, FL 32957

Entity Name: SUNCOAST BASSET RESCUE, INC.

FILED Feb 03, 2008 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
4811 NW 17TH PLACE GAINESVILLE, FL 32605			4300 NW 23RD AVE. SUITE 508 GAINESVILLE, FL 32606			
Current Mailing Address:			New Maili	New Mailing Address:		
4811 NW 17TH PLACE GAINESVILLE, FL 32605			SUITE 508	4300 NW 23RD AVE. SUITE 508 GAINESVILLE, FL 32606		
FEI Number: 59-3622646 FEI Number Applied For ()		FEI Number Not Applicable () Certificate of Status Desired ()				
Name and	Address of Cu	ırrent Registered Agent:	Name and	Address of New Registered Agent:		
	AREN 17TH PLACE LLE, FL 32605	US				
	named entity so e of Florida.	ubmits this statement for the pu	rpose of changing i	its registered office or registered agent, or both,		
SIGNATUR	RE:					
Electronic Signature of Registered Agent			t	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () I COLLINS, MALL, 12171 164TH C JUPITER, FL 33	OURT N	Title: Name: Address: City-St-Zip:	D (X) Change () Addition YOUNG, KAREN 4811 NW 17TH PL GAINESVILLE, FL 32605		
Title: Name: Address: City-St-Zip:	TPDF () I YOUNG, KAREN 4811 NW 17TH F GAINESVILLE, F	PL	Title: Name: Address: City-St-Zip:	T (X) Change () Addition COLLINS, MALLARD 12171 164TH COURT N JUPITER, FL 33478		
Title: Name: Address: City-St-Zip:	T () I BRESLAUER, KE 236 LAMARA WA ST.PETERSBUR	AY NE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address:	T () I HILLIKER, JO AN 10119 SW 122N		Title: Name: Address:	() Change () Addition		

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.

City-St-Zip:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: KAREN YOUNG D 02/03/2008

(X) Change () Addition

() Change () Addition

PEACOCK, KATHY

801 JOHNSON AVE.

LAKELAND, FL 33801