

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006753

FILED
Feb 01, 2009
Secretary of State

Entity Name: SUNCOAST BASSET RESCUE, INC.

Current Principal Place of Business:

4300 NW 23RD AVE.
SUITE 508
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

4300 NW 23RD AVE.
SUITE 508
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 59-3622646

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUNG, KAREN
4811 NW 17TH PLACE
GAINESVILLE, FL 32605 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: D () Delete
Name: YOUNG, KAREN
Address: 4811 NW 17TH PL
City-St-Zip: GAINESVILLE, FL 32605

Title: T () Delete
Name: COLLINS, MALLARD
Address: 12171 164TH COURT N
City-St-Zip: JUPITER, FL 33478

Title: T () Delete
Name: BRESLAUER, KEN
Address: 236 LAMARA WAY NE
City-St-Zip: ST.PETERSBURG, FL 33704

Title: T () Delete
Name: HILLIKER, JO ANN
Address: 10119 SW 122ND ST.
City-St-Zip: GAINESVILLE, FL 32608

Title: T () Delete
Name: PEACOCK, KATHY
Address: 801 JOHNSON AVE.
City-St-Zip: LAKELAND, FL 33801

Title: T () Delete
Name: GARDNER, CHUCK
Address: 186 EDEN AVE
City-St-Zip: SATELITE BEACH, FL 32957

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
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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: KAREN YOUNG

D

02/01/2009

Electronic Signature of Signing Officer or Director

Date