

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007144

FILED
Jun 30, 2009
Secretary of State

Entity Name: SOUTHEAST BORDER COLLIE RESCUE LEAGUE, INC.

Current Principal Place of Business:

400 S. KEPLER RD.
DELAND, DE 32724

New Principal Place of Business:

Current Mailing Address:

400 S. KEPLER RD.
DELAND, DE 32724 US

New Mailing Address:

400 S. KEPLER RD.
DELAND, DE 32724

FEI Number: 59-3612473 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CARTER, JERRY A
400 S. KEPLER RD.
DELAND, FL 32724 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: CARTER, JERRY A
Address: 400 S. KEPLER RD.
City-St-Zip: DELAND, DE 32724

Title: O () Delete
Name: CAMPBELL, RICHARD
Address: 400 S. KEPLER RD.
City-St-Zip: DELAND, DE 32724

Title: O () Delete
Name: CLEMONS, JAMES
Address: 400 S. KEPLER RD.
City-St-Zip: DELAND, DE 32724

Title: O () Delete
Name: STANDISH, JAN
Address: 400 S. KEPLER RD.
City-St-Zip: DELAND, DE 32724

Title: O () Delete
Name: KOSALKO, GIGI
Address: 400 S. KEPLER RD.
City-St-Zip: DELAND, DE 32724

Title: O () Delete
Name: KASTNER, WENDY
Address: 400 S. KEPLER RD.
City-St-Zip: DELAND, DE 32724

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: O (X) Change () Addition
Name: CRAWFORD, MICHELLE
Address: 400 S. KEPLER RD.
City-St-Zip: DELAND, DE 32724

Title: O (X) Change () Addition
Name: FLEMING, DR. MARCIA
Address: 400 S. KEPLER RD.
City-St-Zip: DELAND, DE 32724

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: JERRY A. CARTER

DIR

06/30/2009

Electronic Signature of Signing Officer or Director

Date