2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N01000003232

Entity Name: ANIMAL COALITION OF TAMPA, INC.

Current Principal Place of Business:

1719 WEST LEMON ST.
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

17633 GUNN HWY.
#180
ODESSA, FL 33556

New Mailing Address:

FEI Number: 59-3713414 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAMILTON, LINDA R
8617 BETH CT.
ODESSA, FL 33556 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: HAMILTON, LINDA
Address: 8617 BETH CT.
City-St-Zip: ODESSA, FL 33556

Title: PD ( ) Delete
Name: HAMILTON, FRANK PH.D.
Address: 8617 BETH CT.
City-St-Zip: ODESSA, FL 33556

Title: D ( ) Delete
Name: WILKERSON, ANITA
Address: 7924 CORIANDER DR
City-St-Zip: GAITHERSBURG, MD 20879

Title: D (X) Delete
Name: LEE, IRENE DVM
Address: 11613 RENAISSANCE VIEW CT
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: DUCHARME, RICHARD
Address: 6817 NORWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32218

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: FRANK HAMILTON PD 04/24/2009

Electronic Signature of Signing Officer or Director — Date