

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010906

FILED
Apr 25, 2005
Secretary of State

Entity Name: PHOENIX ANIMAL RESCUE, INC.

Current Principal Place of Business:

813 NW 6TH ST.
GAINESVILLE, FL 32601

New Principal Place of Business:

3221 NW 44TH PLACE
GAINESVILLE, FL 32605

Current Mailing Address:

813 NW 6TH ST.
GAINESVILLE, FL 32601

New Mailing Address:

PO BOX 90156
GAINESVILLE, FL 32607

FEI Number: 20-0958497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNLAP, MICHELLE
813 NW 6TH ST.
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

DUNLAP, MICHELLE
3221 NW 44TH PLACE
GAINESVILLE, FL 32605 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:

04/25/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DUNLAP, MICHELLE
Address: 813 NW 6TH ST.
City-St-Zip: GAINESVILLE, FL 32601

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,T (X) Change () Addition
Name: DUNLAP, MICHELLE
Address: 3221 NW 44TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: VP () Change (X) Addition
Name: SMITH, KAYLA
Address: PO BOX 90156
City-St-Zip: GAINESVILLE, FL 32607

Title: S () Change (X) Addition
Name: WENTWORTH, JANET
Address: PO BOX 90156
City-St-Zip: GAINESVILLE, FL 32607

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHELLE DUNLAP

P

04/25/2005

Electronic Signature of Signing Officer or Director

Date