

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010906

FILED
Apr 28, 2007
Secretary of State

Entity Name: PHOENIX ANIMAL RESCUE, INC.

Current Principal Place of Business:

3221 NW 44TH PLACE
GAINESVILLE, FL 32605

New Principal Place of Business:

12329 NW 10TH PLACE
NEWBERRY, FL 32669

Current Mailing Address:

3221 NW 44TH PLACE
GAINESVILLE, FL 32605

New Mailing Address:

12329 NW 10TH PLACE
NEWBERRY, FL 32669

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
3221 NW 44TH PLACE
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

DUNLAP, MICHELLE P
23421 NW COUNTY ROAD 1493
ALACHUA, FL 32615 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: MICHELLE DUNLAP

04/28/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: VP,S () Delete
Name: WENTWORTH, JANET
Address: 3221 NW 44TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,S (X) Change () Addition
Name: DUNLAP, MICHELLE
Address: 23421 NW COUNTY ROAD 1493
City-St-Zip: ALACHUA, FL 32615 US

Title: VP (X) Change () Addition
Name: DUNLAP, PAMELA
Address: 12329 NW 10TH PLACE
City-St-Zip: NEWBERRY, FL 32669 US

Title: T () Change (X) Addition
Name: SEBREE, PAM
Address: 23421 NW COUNTY ROAD 1493
City-St-Zip: ALACHUA, FL 32615 US

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: MICHELLE DUNLAP

P

04/28/2007

Electronic Signature of Signing Officer or Director

Date