

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 08, 2009
Secretary of State**

DOCUMENT# N03000010906

Entity Name: PHOENIX ANIMAL RESCUE, INC.

Current Principal Place of Business:

12329 NW 10TH PLACE
NEWBERRY, FL 32669

New Principal Place of Business:

Current Mailing Address:

12329 NW 10TH PLACE
NEWBERRY, FL 32669

New Mailing Address:

FEI Number: 20-0958497 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:

Name and Address of New Registered Agent:

DUNLAP, MICHELLE P
12329 NW 10TH PLACE
NEWBERRY, FL 32669 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DUNLAP, MICHELLE
Address: 12329 NW 10TH PLACE
City-St-Zip: NEWBERRY, FL 32669 US

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

Title: S () Delete
Name: DUNLAP, PAMELA
Address: 12329 NW 10TH PLACE
City-St-Zip: NEWBERRY, FL 32669 US

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

Title: T () Delete
Name: TATE, AMY
Address: 12329 NW 10TH PLACE
City-St-Zip: NEWBERRY, FL 32669 US

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

05/08/2009

Electronic Signature of Signing Officer or Director

_____ Date