

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04162

FILED
Mar 04, 2009
Secretary of State

Entity Name: SAVE A PET FLORIDA, INC.

Current Principal Place of Business:

1700 S OCEAN BLVD
PALM BEACH, FL 33480 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 2444
PALM BEACH, FL 33480 US

New Mailing Address:

FEI Number: 59-2425726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERSON, GARY N
NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.
1645 PALM BEACH LAKES BLVD STE 1200
WEST PALM BEACH, FL 33401 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: PD () Delete
Name: MAXWELL, GERTRUDE
Address: 1700 S. OCEAN BLVD
City-St-Zip: PALM BEACH, FL 33480

Title: VP,D () Delete
Name: ADKINS, DR. WILLIAM
Address: 1530 39TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: CASO, BART
Address: 511 CYPRESS CROSSING
City-St-Zip: WELLINGTON, FL 33414

Title: S,TD () Delete
Name: WELLS, KATHLEEN
Address: 6248 ROBINSON STREET
City-St-Zip: JUPITER, FL 33458

Title: D () Delete
Name: MERCER, JOHN
Address: 4573 HUNTING TR
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: CHRISTOPHER, COWART
Address: PO BOX 668787
City-St-Zip: POMPANO BEACH, FL 33066

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

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

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: KATHLEEN M. WELLS

S,T

03/04/2009

Electronic Signature of Signing Officer or Director

Date