2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 02, 2007 8:00 am Secretary of State DOCUMENT # N05000010388 04-02-2007 90095 006 ****70.00 THE EMILY VERNON FOUNDATION FOR HOMELESS AND ABUSED ANIMALS INC. Principal Place of Business Mailing Address 13700 QUARTER HORSE TRAIL 13700 QUARTER HORSE TRAIL WELLINGTON FL 33414 WELLINGTON FL 33414 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc Suite. Apt. #. etc 1st MOORE CR2E037 (10/06) City & State City & State Applied For 4. FEI Number 20-3597800 Not Applicable Zin Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HORSTING, TIMOTHY M ESQ. Street Address (P.O. Box Number is Not Acceptable) 1515 UNIVERSITY DR., STE. 202 CORAL SPRINGS FL 33071 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed terms of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete 11111 D/P Change ☐ Addition NAME SCANLON, ROBERT S NAME SCANLON, ROBERT S STREET ADDRESS 13700 QUARTER HORSE TRAIL STREET ADDRESS 13700 QUARTER HORSE TRAIL CITY S1-7IP WELLINGTON FL 33414 CITY ST 7IP WELLINGTON, FL 33414 HILLE ☐ Delete ☐ Change TITLE X Addition NAME NAME SCANLON, TIMOTHY STREET ADDRESS STREET ADDRESS 13700 QUARTER HORSE TRAIL CHY-SI-7P CHY ST ZIE WELLINGTON, FL 33414 -☐ Delete TITLE Change Addition NAME SCANLON, RICHARD STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 13700 QUARTER HORSE TRAIL CHY ST ZIP WELLINGTON, FL 33414 ☐ Delete 11311 □ Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY ST ZIP TITLE ☐ Delete HILE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 Statutos; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED