

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010388

FILED  
Apr 25, 2008  
Secretary of State

**Entity Name:** THE EMILY VERNON FOUNDATION FOR HOMELESS AND ABUSED ANIMALS INC.

**Current Principal Place of Business:**

13700 QUARTER HORSE TRAIL  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

13700 QUARTER HORSE TRAIL  
WELLINGTON, FL 33414

**New Mailing Address:**

FEI Number: 20-3597800

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HORSTING, TIMOTHY M ESQ  
1515 UNIVERSITY DR., STE. 202  
CORAL SPRINGS, FL 33071 US

**Name and Address of New Registered Agent:**

HORSTING, TIMOTHY M ESQ  
1515 UNIVERSITY DR  
SUITE 202  
CORAL SPRINGS, FL 33071 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: TIMOTHY HORSTING

04/25/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SCANLON, ROBERT S  
Address: 13700 QUARTER HORSE TRAIL  
City-St-Zip: WELLINGTON, FL 33414

Title: DV ( ) Delete  
Name: SCANLON, TIMOTHY  
Address: 13700 QUARTER HORSE TRAIL  
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete  
Name: SCANLON, RICHARD  
Address: 13700 QUARTER HORSE TRAIL  
City-St-Zip: WELLINGTON, FL 33414

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SCANLON, TIMOTHY  
Address: 13700 QUARTER HORSE TRAIL  
City-St-Zip: WELLINGTON, FL 33414

Title: T/D (X) Change ( ) Addition  
Name: SCANLON, SHARON  
Address: 13700 QUARTER HORSE TRAIL  
City-St-Zip: WELLINGTON, FL 33414

Title: D (X) Change ( ) Addition  
Name: DEACETIS, DENISE  
Address: 1329 SW BRIARWOOD DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: D ( ) Change (X) Addition  
Name: DEACETIS, DENNIS JR  
Address: 1329 SW BRIARWOOD DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34986

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: TIMOTHY SCANLON

P

04/25/2008

Electronic Signature of Signing Officer or Director

Date