

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Apr 16, 2009
Secretary of State**

DOCUMENT# N05000010388

Entity Name: THE EMILY VERNON FOUNDATION FOR HOMELESS AND ABUSED ANIMALS INC.**Current Principal Place of Business:**%THE BELLER LAW FIRM, P.A.
2101 NW CORPORATE BLVD. #316
BOCA RATON, FL 33431**New Principal Place of Business:****Current Mailing Address:**%THE BELLER LAW FIRM, P.A.
2101 NW CORPORATE BLVD. #316
BOCA RATON, FL 33431**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:BELLER, AMY B
THE BELLER LAW FIRM, P.A.
2101 NW CORPORATE BLVD. #316
BOCA RATON, FL 33431 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: P () Delete
Name: SCANLON, TIMOTHY
Address: 13700 QUARTER HORSE TRAIL
City-St-Zip: WELLINGTON, FL 33414Title: T/D () Delete
Name: SCANLON, SHARON
Address: 13700 QUARTER HORSE TRAIL
City-St-Zip: WELLINGTON, FL 33414Title: D () Delete
Name: DEACETIS, DENISE
Address: 1329 SW BRIARWOOD DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34986Title: D () Delete
Name: DEACETIS, DENNIS JR
Address: 1329 SW BRIARWOOD DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34986**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: D (X) Change () Addition
Name: TUCKER, WENDY
Address: 4829 SABLE PINE CIRCLE, UNIT D1
City-St-Zip: WEST PALM BEACH, FL 33417Title: D (X) Change () Addition
Name: TERRY, JAMES
Address: 4829 SABLE PINE CIRCLE, UNIT D1
City-St-Zip: WEST PALM BEACH, FL 33417

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

04/16/2009

Electronic Signature of Signing Officer or Director

Date