

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010388

**FILED**  
**Feb 24, 2010**  
**Secretary of State**

**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  
Name: SCANLON, TIMOTHY  
Address: 13700 QUARTER HORSE TRAIL  
City-St-Zip: WELLINGTON, FL 33414

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

Title: D  
Name: TUCKER, WENDY  
Address: 4829 SABLE PINE CIRCLE, UNIT D1  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D  
Name: TERRY, JAMES  
Address: 4829 SABLE PINE CIRCLE, UNIT D1  
City-St-Zip: WEST PALM BEACH, FL 33417

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL GOLDBERG, CPA

CPA

02/24/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date