2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N06000010441

Entity Name: WHISKERS & PAWS FOREVER OF MONROE COUNTY, INC.

Current Principal Place of Business:

648 30TH ST. OCEAN
MARATHON, FL 33050

New Principal Place of Business:

Current Mailing Address:

648 30TH ST. OCEAN
MARATHON, FL 33050

New Mailing Address:

FEI Number: 20-5818109 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOLK, DOUGLAS B
648 30TH ST. OCEAN
MARATHON, FL 33050 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:	PSTD	( ) Delete
Name:	WOLK, DOUGLAS B	
Address:	648 30TH ST. OCEAN	
City-St-Zip:	MARATHON, FL 33050	
Title:	VD	( ) Delete
Name:	KAFER, CHRISTINE	
Address:	747 HOPEWELL DRIVE	
City-St-Zip:	COHUTTA, GA 30710	
Title:	VD	( ) Delete
Name:	SCHWARTZ, MARGARET	
Address:	1820 BAYVIEW	
City-St-Zip:	ISLAMORADA, FL 33036	
Title:	D	( ) Delete
Name:	WARNER, RICHARD E	
Address:	12221 OVERSEAS HWY	
City-St-Zip:	MARATHON, FL 33050	

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:	

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: DOUGLAS B WOLK PSTD 04/20/2009

Electronic Signature of Signing Officer or Director — Date