

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007711

FILED
Apr 22, 2009
Secretary of State

Entity Name: NITE HOWLS SANCTUARY, INC.

Current Principal Place of Business:

2874 KINGS LAKE ROAD
DEFUNIAK SPRINGS, FL 32433

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 664
DEFUNIAK SPRINGS, FL 32435

New Mailing Address:

FEI Number: 14-2005379 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WETTERBERG, MAYO
2874 KINGS LAKE ROAD
DEFUNIAK SPRINGS, FL 32433 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: PRES () Delete
Name: WETTERBERG, KARYL A
Address: 2874 KINGS LAKE RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433 US

Title: TREA () Delete
Name: WETTERBERG, MAYO E
Address: 2874 KINGS LAKE RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433 US

Title: DIR () Delete
Name: PARKER, JILL
Address: 2592 W.A.CLARK RD
City-St-Zip: BONIFAY, FL 32425

Title: DIR () Delete
Name: PALMER, MARY ALICE
Address: 454 MILLWOOD DR
City-St-Zip: HAVANA, FL 32333 US

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: MAYO WETTERBERG

_____ Electronic Signature of Signing Officer or Director

TREA

04/22/2009

_____ Date