

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# N08000006019

Entity Name: P.A.W.S. PROJECT, INC.

Current Principal Place of Business:

440 SE 13TH AVE
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

440 SE 13TH AVE
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: 26-2845540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, KIRSTEN
440 SE 13TH AVE
CAPE CORAL, FL 33990 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: C () Delete
Name: SIMMONS, ANITA
Address: 2010 SE 29TH LANE
City-St-Zip: CAPE CORAL, FL 33904

Title: T () Delete
Name: SCHOLLENBERGER, CLAUDIA
Address: 2010 SE 29TH LANE
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete
Name: SMITH, ELIZABETH DVM
Address: 400 NORWOOD COURT
City-St-Zip: FORT MYERS, FL 33919

Title: S () Delete
Name: THOMPSON, KIRSTEN
Address: 440 SE 13TH AVE
City-St-Zip: CAPE CORAL, FL 33990

Title: D () Delete
Name: SOBECK-BADOR, EILEYN
Address: 1422 SW 18TH STREET
City-St-Zip: CAPE CORAL, FL 33991

Title: D () Delete
Name: EVANS, KARIN
Address: 3224 SW 11TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SIMMONS, ANITA
Address: 2010 SE 29TH LANE
City-St-Zip: CAPE CORAL, FL 33904

Title: T (X) Change () Addition
Name: SCHOLLENBERGER, CLAUDIA
Address: 201 SW 42ND TERRACE
City-St-Zip: CAPE CORAL, FL 33914

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: THOMPSON, KIRSTEN
Address: 440 SE 13TH AVE
City-St-Zip: CAPE CORAL, FL 33990

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: KIRSTEN THOMPSON

C

02/06/2009

Electronic Signature of Signing Officer or Director

Date