2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2011
Secretary of State

DOCUMENT# N09000006276

Entity Name: PONCE ANIMAL WELFARE INC.

Current Principal Place of Business:

4740 S ATLANTIC AVE #3
PONCE INLET, FL 32127 US

New Principal Place of Business:

Current Mailing Address:

4740 S ATLANTIC AVE #3
PONCE INLET, FL 32127 US

New Mailing Address:

FEI Number: 01-0961921 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DAVIS, BARBARA
4871 SAILFISH DR
PONCE INLET, FL 32127 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: BASILE, JO E
Address: 4740 S ATLANTIC AVE #3
City-St-Zip: PONCE INLET, FL 32127

Title: ST
Name: MEARNS, BOB
Address: 4650 LINKS VILLAGE DR #C107
City-St-Zip: PONCE INLET, FL 32127

Title: VP
Name: REDINGER, ALAN
Address: 139 ANCHOR DR
City-St-Zip: PONCE INLET, FL 32127

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: JO E BASILE P 04/30/2011
Electronic Signature of Signing Officer or Director Date