

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000011724

FILED  
Apr 16, 2012  
Secretary of State

**Entity Name:** ANIMAL CANOPY OF CARE FOR ST. JOHNS INC.

**Current Principal Place of Business:**

517 WEEPING WILLOW LANE  
SAINT AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

517 WEEPING WILLOW LANE  
SAINT AUGUSTINE, FL 32080

**New Mailing Address:**

**FEI Number:** 27-4355149

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
SUITE A  
TAMPA, FL 33612 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:** PSD  
**Name:** BERNSTEIN, STEFANIE  
**Address:** 517 WEEPING WILLOW LANE  
**City-St-Zip:** SAINT AUGUSTINE, FL 32080

**Title:** TD  
**Name:** BERNSTEIN, STEFANIE  
**Address:** 517 WEEPING WILLOW LANE  
**City-St-Zip:** SAINT AUGUSTINE, FL 32080

**Title:** D  
**Name:** SMITH, PAUL A  
**Address:** 517 WEEPING WILLOW LANE  
**City-St-Zip:** SAINT AUGUSTINE, FL 32080

**Title:** D  
**Name:** BEMIS, LINDSAY  
**Address:** 4000 GRANDE VISTA BLVD. #114  
**City-St-Zip:** ST. AUGUSTINE, FL 32084

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:** STEFANIE BERNSTEIN

PRES

04/16/2012

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

\_\_\_\_\_  
Date