

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000003033

**FILED**  
**Feb 14, 2011**  
**Secretary of State**

**Entity Name:** UNITED FOR ANIMALS INC.

**Current Principal Place of Business:**

C/O SUSAN M PARRY  
2203 S INDIAN RIVER DRIVE  
FT PIERCE, FL 34950 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3307  
FT PIERCE, FL 34948 US

**New Mailing Address:**

**FEI Number:** 20-5103783

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PARRY, SUSAN M  
2203 S INDIAN RIVER DRIVE  
FT PIERCE, FL 34950 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: STEPHENSON, PAM  
Address: 10600 ORANGE AVENUE  
City-St-Zip: FORT PIERCE, FL 34945 US

Title: VP  
Name: STEPHENSON, PAM  
Address: 10600 ORANGE AVENUE  
City-St-Zip: FORT PIERCE, FL 34945 US

Title: ST  
Name: PARRY, SUSAN M  
Address: 2203 SOUTH INDIAN RIVER DRIVE  
City-St-Zip: FORT PIERCE, FL 34950 US

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:** SUSAN M PARRY

ST

02/14/2011

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

\_\_\_\_\_  
Date