

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000011724

Entity Name: ANIMAL CANOPY OF CARE FOR ST. JOHNS INC.**Current Principal Place of Business:**138 SOUTHWIND CIRCLE
SAINT AUGUSTINE, FL 32080**Current Mailing Address:**138 SOUTHWIND CIRCLE
SAINT AUGUSTINE, FL 32080 US**FEI Number:** 27-4355149**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD.
SUITE A
TAMPA, FL 33612 US*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**Officer/Director Detail :**

Title	PSD
Name	MOORE, CHERYL (SHERRIE) A
Address	138 SOUTHWIND CIRCLE
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	TD
Name	MOORE, CHERYL (SHERRIE) A
Address	138 SOUTHWIND CIRCLE
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	D
Name	HOSTETTER, JOSEPH A
Address	138 SOUTHWIND CIRCLE
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	D
Name	MACKIE, MICHELLE
Address	281 WEST JAYCEWAY
City-State-Zip:	ST. AUGUSTINE FL 32084

Title	DIRECTOR
Name	TROTZKE, JENIFFER
Address	113 BROOKFALL DR.
City-State-Zip:	ST.AUGUSTINE FL 32092

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: CHERYL (SHERRIE) A MOORE

PRESIDENT/DIRECTOR

02/27/2013

Electronic Signature of Signing Officer/Director Detail_____
Date