

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730565

FILED
Apr 29, 2009
Secretary of State

Entity Name: ANIMAL WELFARE SOCIETY OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

298 GRANELLO AVE
CORAL GABLES, FL 33146 US

New Principal Place of Business:

2602 SW 27TH AVENUE
MIAMI, FL 33133 US

Current Mailing Address:

2601 SW 27 AVE
MIAMI, FL 33133 US

New Mailing Address:

FEI Number: 59-1557645 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SAND, BARRIE
13511 NE 24 COURT
NO MIAMI, FL 33181 US

Name and Address of New Registered Agent:

SANO, BARRIE
13511 NE 24 COURT
NO MIAMI, FL 33181 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: BARRIE SANO

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CSD () Delete
Name: BLAIR, BETTY EVE
Address: 4975 N KENDALL DR
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: BLEEMER, RENEE
Address: 6381 N BAY RD
City-St-Zip: MIAMI BEACH, FL 33141

Title: PTD () Delete
Name: SANO, BARRIE
Address: 13511 NE 24 COURT
City-St-Zip: N MIAMI, FL

Title: VPD () Delete
Name: CHAPPELL, CATHIE
Address: 7260 S.W. 148 ST
City-St-Zip: MIAMI, FL 33193

Title: D () Delete
Name: EISENBERG, SUSAN
Address: 9595 SW 61 CT
City-St-Zip: PINECREST, FL 33156

Title: S () Delete
Name: WEEKS, BARBARA
Address: 13207 SW 87 TERRACE
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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: BARRIE SANO

TREA

04/29/2009

Electronic Signature of Signing Officer or Director

Date