

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730565

FILED
Apr 26, 2011
Secretary of State

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

Current Principal Place of Business:

2601 SW 27TH AVENUE
MIAMI, FL 33133 US

New Principal Place of Business:

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 ()

Name and Address of Current Registered Agent:

FLANAGAN, JEFFREY M ESQ
1450 MADRUGA AVE
STE 407
CORAL GABLES, FL 33146 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: CSD
Name: BLAIR, BETTY EVE
Address: 4975 N KENDALL DR
City-St-Zip: MIAMI, FL

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

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

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

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

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

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: BARBARA WEEKS

S

04/26/2011

Electronic Signature of Signing Officer or Director

Date