2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2009
Secretary of State

DOCUMENT# 736233

Entity Name: ANIMAL BIRTH CONTROL FOR BROWARD, INC.

Current Principal Place of Business:

850 WASHINGTON STREET
HOLLYWOOD, FL 33019

New Principal Place of Business:

Current Mailing Address:

850 WASHINGTON STREET
HOLLYWOOD, FL 33019

New Mailing Address:

FEI Number: 23-7089035 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ANDERSON, CATHLEEN
850 WASHINGTON ST.
HOLLYWOOD, FL 33019 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:	PD	( ) Delete
Name:	ANDERSON, CATHLEEN	
Address:	850 WASHINGTON ST.	
City-St-Zip:	HOLLYWOOD FL,	
Title:	DTS	( ) Delete
Name:	WELCH, THOMAS W	
Address:	7 SE 13TH AVENUE	
City-St-Zip:	FT. LAUDERDALE, FL 33301	
Title:	D	( ) Delete
Name:	MANSON, CATHERINE	
Address:	6439 ALLEN ST	
City-St-Zip:	HOLLYWOOD FL,	
Title:	STD	( ) Delete
Name:	ASOWITCH, SUSAN	
Address:	724 NORTH RAINBOW DRIVE	
City-St-Zip:	HOLLYWOOD, FL 33021	

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
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: ANDERSON CATHLEEN PD 06/05/2009

Electronic Signature of Signing Officer or Director — Date