2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# 759477

Entity Name: ANIMAL FRIENDS SOCIETY INC.

Current Principal Place of Business:

4510 DREXEL ROAD
LAND 'O' LAKES, FL 34638

New Principal Place of Business:

Current Mailing Address:

4510 DREXEL ROAD
LAND 'O' LAKES, FL 34638 US

New Mailing Address:

FEI Number: 59-2135888 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAY, BETTY
4510 DREXEL RD
LAND 'O' LAKES, FL 34638 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	( ) Delete
Name:	HAY, BETTY	
Address:	4510 DREXEL ROAD	
City-St-Zip:	LAND O LAKES, FL 34639	
Title:	VPD	( ) Delete
Name:	HALL, VANESSA	
Address:	33142 HICKORY RD	
City-St-Zip:	DADE CITY, FL 33523	
Title:	TD	( ) Delete
Name:	COOPER, MONICA	
Address:	9460 125TH ST N	
City-St-Zip:	SEMINOLE, FL 33772	
Title:	S	( ) Delete
Name:	PATE, ELAINE	
Address:	14203 LES PALM CIR #3	
City-St-Zip:	TAMPA, FL 33613	
Title:	D	( ) Delete
Name:	VANVELKINBURGH, WAYDE C	
Address:	2518 CHAREAU DR	
City-St-Zip:	LUTZ, FL 33559	

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:	
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: BETTY HAY P 02/16/2009

Electronic Signature of Signing Officer or Director — Date