

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90020 009 ****70.00

DOCUMENT # 767628 1. Entity Name NATIONAL ANIMAL RIGHTS FOR HUMANE EDUCATION, INC.			
Principal Place of Business C/O LAURA SHERWOOD 12036 CITRUS LEAF DRIVE GIBSONTOWN FL 33534-5658 US		Mailing Address C/O LAURA SHERWOOD 12036 CITRUS LEAF DRIVE GIBSONTOWN FL 33534-5658 US	
2. Principal Place of Business - No P.O. Box # <i>National Animal Rights for Humane Education, Inc. - 7904 Longwood Parkway Suite, Apt. #, etc. 7904 Longwood Parkway City & State Orlando, Florida</i>		3. Mailing Address <i>National Animal Rights for Humane Education, Inc. - 7904 Longwood Parkway Suite, Apt. #, etc. 7904 Longwood Parkway City & State Orlando, Florida</i>	
Zip 33615-1385		Country USA	
4. FEI Number 59-2286422		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEQUOYA, RENE (RAINI) 1313 SOUTH HOWARD AVE TAMPA FL 33606		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature not used when reappointing) DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD SEQUOYA, RENE (RAINI) 1313 SOUTH HOWARD AVE TAMPA FL 33606	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD SCHMELZER, GLORIA J. 167B LYNNE DR WESLEY CHAPEL FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD STUART, KATHLEEN 4406 RIDGELINE CIR. TAMPA FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DEGUIRE, JOAN 7200-17TH LANE NORTH ST PETERSBURG FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)	<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Dani Raini Sequoya</i> RENE (RAINI) SEQUOYA April 28, 2008 (727) 344-0119			