2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 08, 2009
Secretary of State

DOCUMENT# F01000001970

Entity Name: SAVE THE CHIMPS, INC.

Current Principal Place of Business:

3000 S. HEADER CANAL
FT. PIERCE, FL 34945 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 12220
FT. PIERCE, FL 34979

New Mailing Address:

FEI Number: 65-0789748 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMIS, ROBERT E MR
3000 S. HEADER CANAL RD
FORT PIERCE, FL 34945 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: D ( ) Delete
Name: LOVITZ, TRACEY
Address: 3000 S. HEADER CANAL
City-St-Zip: FORT PIERCE, FL 34945 US

Title: S ( ) Delete
Name: TRUITT, APRIL
Address: 3000 S. HEADER CANAL ROAD
City-St-Zip: FORT PIERCE, FL 34945 US

Title: TR ( ) Delete
Name: ARNSTEIN, JEFF
Address: 3000 S. HEADER CANAL ROAD
City-St-Zip: FORT PIERCE, FL 34945 US

Title: CO-P ( ) Delete
Name: NORTH, JASON
Address: 3000 S. HEADER CANAL ROAD
City-St-Zip: FORT PIERCE, FL 34945 US

Title: D ( ) Delete
Name: STRYKER, JON
Address: 3000 S. HEADER CANAL ROAD
City-St-Zip: FORT PIERCE, FL 34945 US

Title: CO-P ( ) Delete
Name: OWEN, ARTIE
Address: 3000 S. HEADER CANAL ROAD
City-St-Zip: FORT PIERCE, FL 34945 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FEUERSTEIN, JENNIFER
Address: 3000 S. HEADER CANAL
City-St-Zip: FORT PIERCE, FL 34945 US

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: ARTIE OWEN CO-P 09/08/2009

Electronic Signature of Signing Officer or Director — Date