

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001970

FILED  
Mar 13, 2012  
Secretary of State

Entity Name: SAVE THE CHIMPS, INC.

**Current Principal Place of Business:**

16891 CAROLE NOON LN.  
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  
16891 CAROLE NOON LANE  
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  
Name: STRYKER, JON  
Address: 16891 CAROLE NOON LANE  
City-St-Zip: FORT PIERCE, FL 34945 US

Title: S  
Name: LOVITZ, TRACEY  
Address: 16891 CAROLE NOON LANE  
City-St-Zip: FORT PIERCE, FL 34945 US

Title: TR  
Name: ARNSTEIN, JEFF  
Address: 16891 CAROLE NOON LANE  
City-St-Zip: FORT PIERCE, FL 34945 US

Title: P  
Name: NORTH, JASON  
Address: 16891 CAROLE NOON LANE  
City-St-Zip: FORT PIERCE, FL 34945 US

Title: ED  
Name: FLYNN, PHILIP  
Address: 16891 CAROLE NOON LANE  
City-St-Zip: FORT PIERCE, FL 34945 US

Title: VP  
Name: OWEN, ARTIE  
Address: 16891 CAROLE NOON LANE  
City-St-Zip: FORT PIERCE, FL 34945 US

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: PHILIP FLYNN

ED

03/13/2012

Electronic Signature of Signing Officer or Director

Date