

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001783

FILED
Jan 04, 2008
Secretary of State

Entity Name: PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS, INC.

Current Principal Place of Business:

501 FRONT STREET
NORFOLK, VA 23510

New Principal Place of Business:

Current Mailing Address:

501 FRONT STREET
NORFOLK, VA 23510

New Mailing Address:

FEI Number: 52-1218336

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PRES () Delete
Name: NEWKIRK, INGRID
Address: 501 FRONT ST.
City-St-Zip: NORFOLK, VA 23510

Title: TREA () Delete
Name: RODMAN, MICHAEL
Address: 501 FRONT ST.
City-St-Zip: NORFOLK, VA 23510

Title: SEC () Delete
Name: ROUSH, JEANNE
Address: 501 FRONT ST.
City-St-Zip: NORFOLK, VA 23510

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: NEWKIRK, INGRID E
Address: 501 FRONT ST.
City-St-Zip: NORFOLK, VA 23510

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: TRACY, REIMAN
Address: 501 FRONT ST
City-St-Zip: NORFOLK, VA 23510

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: INGRID E NEWKIRK

PRES

01/04/2008

Electronic Signature of Signing Officer or Director

Date