

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000002932

1. Entity Name
BEST FRIENDS ANIMAL SOCIETY (INCORPORATED)



Principal Place of Business
**5001 ANGEL CANYON RD.
KANAB, UT 84741**

Mailing Address
**5001 ANGEL CANYON RD.
KANAB, UT 84741**



04182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7147797

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MALONEY, FAITH
5001 ANGEL CANYON RD.
KANAB, UT 84741**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ECKHOFF, PAUL
5001 ANGEL CANYON RD.
KANAB, UT 84741**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BATTISTA, FRANCIS
5001 ANGEL CANYON RD.
KANAB, UT 84741**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CASTLE, GREGORY
5001 ANGEL CANYON RD.
KANAB, UT 84741**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MOUNTAIN, MICHAEL
5001 ANGEL CANYON RD.
KANAB, UT 84741**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
DE PEYER, JONATHAN
5001 ANGEL CANYON RD.
KANAB, UT 84741**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C.A. FRIPP

C.A. FRIPP

Apr. 19.05. 435.664.2001