

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002932

FILED
Apr 23, 2007
Secretary of State

Entity Name: BEST FRIENDS ANIMAL SOCIETY (INCORPORATED)

Current Principal Place of Business:

5001 ANGEL CANYON RD.
KANAB, UT 84741

New Principal Place of Business:

Current Mailing Address:

5001 ANGEL CANYON RD.
KANAB, UT 84741

New Mailing Address:

FEI Number: 23-7147797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT 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: D () Delete
Name: MALONEY, FAITH
Address: 5001 ANGEL CANYON RD.
City-St-Zip: KANAB, UT 84741

Title: D () Delete
Name: ECKHOFF, PAUL
Address: 5001 ANGEL CANYON RD.
City-St-Zip: KANAB, UT 84741

Title: D () Delete
Name: BATTISTA, FRANCIS
Address: 5001 ANGEL CANYON RD.
City-St-Zip: KANAB, UT 84741

Title: D () Delete
Name: CASTLE, GREGORY
Address: 5001 ANGEL CANYON RD.
City-St-Zip: KANAB, UT 84741

Title: P () Delete
Name: MOUNTAIN, MICHAEL
Address: 5001 ANGEL CANYON RD.
City-St-Zip: KANAB, UT 84741

Title: C () Delete
Name: DE PEYER, JONATHAN
Address: 5001 ANGEL CANYON RD.
City-St-Zip: KANAB, UT 84741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: C.A. FRIPP

TREA

04/23/2007

Electronic Signature of Signing Officer or Director

Date