

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004747

FILED
Jan 14, 2009
Secretary of State

Entity Name: AMERICAN FOUNDATION FOR ANIMAL RESCUE, INC.

Current Principal Place of Business:

123 DREAM POND RD
CRESENT CITY, FL 321120825

New Principal Place of Business:

Current Mailing Address:

123 DREAM POND RD
CRESENT CITY, FL 321120825

New Mailing Address:

PO BOX 825
CRESENT CITY, FL 321120825

FEI Number: 11-3318039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEFRANCO, ROBERT
123 DREAM POND RD BOX 825
CRESENT CITY, FL 321120825 US

Name and Address of New Registered Agent:

HAENFLER, JAMES A
20 N SUMMIT STREET
CRESENT CITY, FL 32112 US

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: JAMES HAENFLER

01/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CPS () Delete
Name: DEFRANCO, ROBERT
Address: 2425 S ATLANTIC AVE 1204B
City-St-Zip: DAYTONA BEACH, FL 32118

Title: VCT () Delete
Name: HORN, JUNE
Address: 95 IRVING AVE. 1204B-
City-St-Zip: DAYTONA BEACH, FL 32118

Title: DVP () Delete
Name: STERN, PETER M
Address: 37 WEST 39TH STREET
City-St-Zip: NEW YORK, NY 10018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPS (X) Change () Addition
Name: DEFRANCO, ROBERT
Address: PO BOX 825
City-St-Zip: CRESCENT CITY, FL 32112

Title: VCT (X) Change () Addition
Name: HOM, JUNE
Address: PO BOX 825
City-St-Zip: CRESCENT CITY, FL 32112

Title: DVP (X) Change () Addition
Name: STERN, PETER
Address: PO BOX 825
City-St-Zip: CRESCENT CITY, FL 32112

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: ROBERT DEFRANCO

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01/14/2009

Electronic Signature of Signing Officer or Director

Date