

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000001564

FILED
Mar 31, 2009
Secretary of State

Entity Name: THE AMERICAN HUMANE ASSOCIATION, INC.

Current Principal Place of Business:

63 INVERNESS DRIVE EAST
ENGLEWOOD, CO 80112 US

New Principal Place of Business:

Current Mailing Address:

63 INVERNESS DRIVE EAST
ENGLEWOOD, CO 80112 US

New Mailing Address:

FEI Number: 84-0432950 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS RD #221E
PALM BEACH GARDENS, FL 33410 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: CEOP () Delete
Name: WHEATLY, MARIE BELEW
Address: 63 INVERNESS DR. E
City-St-Zip: ENGLEWOOD, CO 801125117

Title: VP () Delete
Name: KINDLE, CONSTANCE
Address: 63 INVERNESS DRIVE EAST
City-St-Zip: ENGLEWOOD, CO 801225117

Title: DC () Delete
Name: GIES, DAVID
Address: 63 INVERNESS DRIVE EAST
City-St-Zip: ENGLEWOOD, CO 801125117

Title: T () Delete
Name: WHITTEMORE, DAN
Address: 63 INVERNESS DR. E.
City-St-Zip: ENGLEWOOD, CO 801125117

Title: DVC () Delete
Name: DEVIN, PAT
Address: 63 INVERNESS DRIVE EAST
City-St-Zip: ENGLEWOOD, CO 801125117

Title: S () Delete
Name: REINMUTH, BONNY
Address: 63 INVERNESS DR. E.
City-St-Zip: ENGLEWOOD, CO 801125117

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
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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 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: MARIE BELEW WHEATLEY

CEOP

03/31/2009

Electronic Signature of Signing Officer or Director

_____ Date