

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N00000000500 1. Entity Name PATRON OF SAINT FRANCIS ANIMAL RESCUE AND SUPPORT, INC.						FILED 07 APR 16 AM 11:39 DEPT. OF STATE TALLAHASSEE, FLORIDA  1st MOORE CR2E037 (10/06) 07																																	
Principal Place of Business P.O. BOX 2103 ELFERS FL 34680				Mailing Address P.O. BOX 2103 ELFERS FL 34680																																			
2. Principal Place of Business - No P.O. Box # <i>Same as above</i>		3. Mailing Address <i>Same as above</i>		4. FEI Number 59-3494563		Applied For ☐ Not Applicable																																	
Suite, Apt. #, etc. 6941 Nova Scotia Dr.		Suite, Apt. #, etc. <i>Same as above</i>																																					
City & State Port Richey		City & State <i>Same as above</i>																																					
Zip 34668		Country Pasco		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent WEISS, BARBARA 6941 NOVA SCOTIA DRIVE PORT RICHEY FL 34668																																	
7. Name and Address of New Registered Agent Name MICHAEL SHARAY Street Address (P.O. Box Number is Not Acceptable) 9409 Regency Pk. Blvd. City Port Richey FL Zip Code 34668		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 <i>Michael J. Sharay</i> 2-7-07 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)				DATE																																			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State																																	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																																			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Section 7, 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 who empowered.																																							
SIGNATURE: <i>Michael J. Sharay</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				P.O. Box 2103 Elfers, FL 34680 727-697-1700		2-7-07 (227) 697-1700																																	