


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90022 035 ****61.25

DOCUMENT # N00000000500	
1. Entity Name PATRON OF SAINT FRANCIS ANIMAL RESCUE AND SUPPORT, INC.	

Principal Place of Business 6941 NOCA SCOTIA DR PORT RICHEY, FL 34668	Mailing Address P.O. BOX 2103 ELFERS, FL 34680
---	--

40102465



2. Principal Place of Business - No P.O. Box # Same		3. Mailing Address P.O. Box 2103	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Elfers, B	
City & State		City & State FL	
Zip	Country	Zip	Country
34680	USA	34680	USA

04182008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3494563		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHARAY, MICHAEL 9409 REGENCY PK BLVD PORT RICHEY, FL 34668		Name Same	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	Zip Code
		FL	

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 Michael J. Sharay Michael J. Sharay 4-18-08
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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHARAY, MICHAEL			NAME			
STREET ADDRESS	P.O. BOX 2103			STREET ADDRESS			
CITY-ST-ZIP	ELFERS, FL 34680			CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCLEAN, STACY			NAME			
STREET ADDRESS	PO BOX 2103			STREET ADDRESS			
CITY-ST-ZIP	ELFERS, FL 34680			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CALHOUN, JESSE			NAME			
STREET ADDRESS	PO BOX 2103			STREET ADDRESS			
CITY-ST-ZIP	ELFERS, FL 34680			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CALHOUN, FREDDY			NAME			
STREET ADDRESS	PO BOX 2103			STREET ADDRESS			
CITY-ST-ZIP	ELFERS, FL 34680			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEISS, BARBARA			NAME			
STREET ADDRESS	PO BOX 2103			STREET ADDRESS			
CITY-ST-ZIP	ELFERS, FL 34680			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Michael J. Sharay 4-18-08 727-697-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #