2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002949

FILED Mar 17, 2009 Secretary of State

Entity Name: HOBE SOUND ANIMAL PROTECTION LEAGUE, INC.

Current Principal Place of Business: New Principal Place of Business: 6452 SW MARKEL ST PALM CITY, FL 34990 **Current Mailing Address: New Mailing Address:** 8706 SE ALGOZZINI PLACE 6452 SW MARKEL ST HOBE SOUND, FL 33455 PALM CITY, FL 34990 FEI Number: 65-1015367 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHERLOCK, VIRGINIA P 618 EAST OCEAN BLVD., SUITE 5 STUART, FL 34994 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SINE, RITA M Name: Name: 4546 SW HONEY TERRACE Address: Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip: Title: Title: EXEC (X) Change () Addition () Delete WALKER, PAMELA Name: WALKER, PAMELA Name: Address: 6452 SW MARKEL Address: 6452 SW MARKEL City-St-Zip: PALM CITY, FL 34990 City-St-Zip: PALM CITY, FL 34990 Title: () Delete Title: () Change () Addition BOOTH, ELEANOR Name: Name: 8706 SE ALGOZZINI PLACE Address: Address: City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: Title: () Delete Title: () Change () Addition DOMENCICH, NEFELE Name: Name: Address: 429 S BEACH ROAD Address: City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: Title: () Delete Title: (X) Change () Addition MCGRAW, ALLOLA BORREGO, SHANNON Name: Name: **BOX 114** 10201 SW TARZAN TERRACE Address: Address: HOBE SOUND, FL 33455 City-St-Zip: City-St-Zip: PALM CITY, FL 34990 Title: () Delete Title: () Change () Addition CLARK, RITA Name: Name: Address: 146 GOMEZ ROAD Address: HOBE SOUND, FL 33455 City-St-Zip: 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: PAM WALKER EXEC 03/17/2009