

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90341 041 ****61.25

DOCUMENT # N00000004398

1. Entity Name

HAPPY TAILS ANIMAL RESCUE, INC.



Principal Place of Business

1034 SHIPWATCH DR
JACKSONVILLE FL 32225

Mailing Address

1034 SHIPWATCH DR
JACKSONVILLE FL 32225

20048760



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

SATellite Pet Adoption
Suite, Apt. #, etc.

3. Mailing Address

1034 SHIPWATCH DR
Suite, Apt. #, etc.

City & State

Jacksonville FL
Zip 32225 Country

City & State

JACKSONVILLE FL 32225
Zip 32225 Country USA

4. FEI Number

59-3666312

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEECROFT, PHYLLIS L
1034 SHIPWATCH DR E
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Phyllis L Beecroft

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Feb 20.05

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE P
NAME BOND, GAIL
STREET ADDRESS 11374 WEEDEN ISLAND WAY
CITY-ST-ZIP JACKSONVILLE FL 32225 ☐ Delete

TITLE VPD
NAME KLOTH, DEBRA
STREET ADDRESS 2541 PAULA AVE
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE D
NAME BEECROFT, PHYLLIS L
STREET ADDRESS 1034 SHIPWATCH DR E
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE D
NAME WARE, BETTY J
STREET ADDRESS 77 WAKEFIELD
CITY-ST-ZIP NEWNAN GA 30265 ☐ Delete

TITLE P
NAME ANDERSON, ELAINE
STREET ADDRESS 11344 WOODSONG LOOP N
CITY-ST-ZIP JACKSONVILLE FL 32225 ☐ Delete

TITLE D
NAME HIGHFILL, LYNNE
STREET ADDRESS 2751 CANYON FALLS DR
CITY-ST-ZIP JACKSONVILLE FL 32224 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME JANICE FARNSWORTH
STREET ADDRESS 8141 ODEN
CITY-ST-ZIP JACKSONVILLE, FL 32216 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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:

Phyllis L Beecroft

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 20-2005

Date

Daytime Phone #