

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004398

FILED
Mar 28, 2009
Secretary of State

Entity Name: HAPPY TAILS ANIMAL RESCUE, INC.

Current Principal Place of Business:

PET SMART LUV-A-PET OR ADOPTION FAIRS
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

1034 SHIPWATCH DR
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 59-3666312 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BEECROFT, PHYLLIS L
1034 SHIPWATCH DR E
JACKSONVILLE, FL 32225 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: P () Delete
Name: BONDI, GAIL
Address: 11374 WEEDEN ISLAND WAY
City-St-Zip: JACKSONVILLE, FL 32225

Title: VPD () Delete
Name: KLOTH, DEBRA
Address: 2541 PAULA AVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: BEECROFT, PHYLLIS L
Address: 1034 SHIPWATCH DR E
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BEECROFT, PHYLLIS L
Address: 1034 SHIPWATCH DR E
City-St-Zip: JACKSONVILLE, FL 32207

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: PHYLLIS L BEECROFT

D

03/28/2009

Electronic Signature of Signing Officer or Director

_____ Date