

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007909

FILED
Jan 22, 2009
Secretary of State

Entity Name: ANIMAL SERVICES LEAGUE, INC.

Current Principal Place of Business:

735 E.C. 470
LAKE PANASOFFKEE, FL 33538

New Principal Place of Business:

Current Mailing Address:

P O BOX 93
BUSHNELL, FL 33513

New Mailing Address:

FEI Number: 38-1754963 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MURPHY, DAVID J
14217 THIRD STREET
DADE CITY, FL 33525 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: D () Delete
Name: FOLEY-CREECH, JOCELYN W
Address: 4993 COUNTY ROAD 683
City-St-Zip: WEBSTER, FL 33597

Title: D () Delete
Name: FOLEY, ALLEN
Address: 1979 WEST END PL.
City-St-Zip: ORANGE PARK, FL 32003

Title: D () Delete
Name: ERLER, MYRNA
Address: 5124 C.R. 326
City-St-Zip: BUSHNELL, FL 33513

Title: D () Delete
Name: MARSH, LINDA C
Address: 519 CR 527
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: D () Delete
Name: FOLEY, JOANNE E
Address: 13326 SW 49TH PLAZA
City-St-Zip: WEBSTER, FL 33597

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: () Change () Addition
Name:
Address:
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: JOCELYN FOLEY- CREECH

PRES

01/22/2009

Electronic Signature of Signing Officer or Director

_____ Date