

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003423

FILED
Jan 19, 2009
Secretary of State

Entity Name: STAND UP FOR ANIMALS, INC.

Current Principal Place of Business:

10550 AVIATION BLVD
MARATHON, FL 33050

New Principal Place of Business:

Current Mailing Address:

10550 AVIATION BLVD.
MARATHON, FL 33050

New Mailing Address:

10550 AVIATION BLVD
MARATHON, FL 33050

FEI Number: 65-1134062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOTTWALD, LINDA
10550 AVIATION BLVD
MARATHON, FL 33050 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: V () Delete
Name: HIRSCH, LARRY
Address: 8 HUGH STREET
City-St-Zip: WESTERLY, RI 02891

Title: P () Delete
Name: MYERS, PETER
Address: 27410 BARBADIS
City-St-Zip: RAMROD KEY, FL 33042

Title: TD () Delete
Name: TOTMAN, MAYA
Address: 2300 WILDER ROAD
City-St-Zip: BIG PINE KEY, FL 33043

Title: S () Delete
Name: JORDAN, VERONICA
Address: 1731 PHANTOM AVENUE
City-St-Zip: SAN JOSE, CA 95125 US

Title: TD () Delete
Name: FARRELL, LORIE MD
Address: 2122 SHERWOOD
City-St-Zip: TOLEDO, OH 43614 US

Title: S () Delete
Name: GOTTWALD, LINDA D ND
Address: 10803 SIXTH AVENUE
City-St-Zip: MARATHON, FL 33050 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FARRELL, LORIE DR
Address: 2122 SHERWOOD
City-St-Zip: TOLEDO, OH 02891 US

Title: VP (X) Change () Addition
Name: MYERS, PETER
Address: 27410 BARBADOS
City-St-Zip: RAMROD KEY, FL 33042 US

Title: TD (X) Change () Addition
Name: TOTMAN, MAYA
Address: 2300 WILDER ROAD
City-St-Zip: BIG PINE KEY, FL 33043 US

Title: TD (X) Change () Addition
Name: JORDAN, VERONICA
Address: 1731 PHANTOM AVENUE
City-St-Zip: SAN JOSE, CA 95125 US

Title: S (X) Change () Addition
Name: HIRSCH, LARRY MD
Address: 8 HUGH STREET
City-St-Zip: WESTERLY, RI 02891 US

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: LINDA GOTTWALD

DR.

01/19/2009

Electronic Signature of Signing Officer or Director

Date