

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003496

Entity Name: SAVE-A-STRAY, INC.

FILED
Mar 14, 2009
Secretary of State

Current Principal Place of Business:

66 NE 89TH ST
EL PORTAL, FL 33138

New Principal Place of Business:

Current Mailing Address:

66 NE 89TH ST
EL PORTAL, FL 33138

New Mailing Address:

FEI Number: 31-1739683

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSEN, LELSLIE H
66 NE 89TH ST
EL PORTAL, FL 33138 US

Name and Address of New Registered Agent:

ROSEN, LESLIE H
66 NE 89TH ST
EL PORTAL, FL 33138 US

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: LESLIE H. ROSEN

03/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROSEN, LESLIE
Address: 66 NE 89TH ST
City-St-Zip: EL PORTAL, FL 33138

Title: D () Delete
Name: ROSEN, DAVID
Address: 66 NE 89TH ST
City-St-Zip: EL PORTAL, FL 33138

Title: D () Delete
Name: LORENS, ALEXANDRA
Address: 173 NORTSHORE DR
City-St-Zip: MIAMI BEACH, FL 33141

Title: D () Delete
Name: FERA, ANITA
Address: 75 NE 89TH ST
City-St-Zip: EL PORTAL, FL 33138

Title: D () Delete
Name: SCHOENLANK, PHYLLIS
Address: 21020 NE 25TH COURT
City-St-Zip: MIAMI, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ROSEN, LESLIE H
Address: 66 NE 89TH ST
City-St-Zip: EL PORTAL, FL 33138

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

Title: D (X) Change () Addition
Name: KILGALLON, GLORIA
Address: 2861 LEONARD DRIVE #F204
City-St-Zip: AVENTURA, FL 33160 US

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: LESLIE H. ROSEN

DIR

03/14/2009

Electronic Signature of Signing Officer or Director

Date