

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90259 011 ****61.25

DOCUMENT # N01000008266

1. Entity Name

NO MORE HOMELESS PETS, INC.



Principal Place of Business

**3400 NE 53RD AVE
GAINESVILLE FL 32609**

Mailing Address

**PO BOX 358466
GAINESVILLE FL 32635**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0536968

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CALIGIURI, RANDY
3400 NE 53RD AVE
GAINESVILLE FL 32609**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 PD
NAME PEGELOW, MICHAEL ☐ Delete
STREET ADDRESS 2660 SW 38TH PLACE APT.D
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE VD
NAME SHORES, STEPHEN ☒ Delete
STREET ADDRESS 3811 NW 13TH STREET
CITY-ST-ZIP GAINESVILLE FL 32609

TITLE SD
NAME TRENHOLM, LAURIE ☐ Delete
STREET ADDRESS PO BOX 1743
CITY-ST-ZIP MELROSE FL 32666

TITLE TD
NAME NATALINE, SHARON ☐ Delete
STREET ADDRESS 24104 NW 94TH AVE.
CITY-ST-ZIP ALACHUA FL 32615

TITLE D
NAME CALIGURI, RANDY ☒ Delete
STREET ADDRESS 3400 NE 53RD AVENUE
CITY-ST-ZIP GAINESVILLE FL 32609

TITLE D
NAME LEVY, JULIE ☐ Delete
STREET ADDRESS PO BOX 100126
CITY-ST-ZIP GAINESVILLE FL 32610

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME CH. Frost
STREET ADDRESS RR3 Box 27270
CITY-ST-ZIP LAKE CITY FL 32025

TITLE V.D. ☒ Change ☒ Addition
NAME MOLLY PEARSON, DVM
STREET ADDRESS 306 NE US HWY 441
CITY-ST-ZIP MICANOPY FL-32669

TITLE D ☐ Change ☒ Addition
NAME SHERRY SCOTT
STREET ADDRESS 2029 NW 6 ST
CITY-ST-ZIP GAINESVILLE, FL 32609

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

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

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

SEE ATTACHED

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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:

Sharon Natalie SHARON NATALINE

Date

Daytime Phone #

4/10/04 386.462.2147

#10 CONTINUED

54036140

D

DELETE

MICHELLE DUNLAP

2029 NW 6 ST

GAINESVILLE FL 32609