


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90270 002 ****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 PO Box 358466		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Gainesville FL		City & State			
Zip 32635		Country USA		Zip	
Country		Country			
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 SHARON NATALINE Street Address (P.O. Box Number is Not Acceptable) 24104 NW 94 AV City ALACHUA FL Zip Code 32015					
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 <u>Sharon Natalie SHARON NATALINE</u> 3/2/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005.		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEGELOW, MICHAEL 2660 SW 38TH PLACE APT.D GAINESVILLE, FL 32608	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FROST, CHI RR3 BOX 27270 LAKE CITY, FL 32025	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TRENHOLM, LAURIE PO BOX 1743 MELROSE, FL 32666	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NATALINE, SHARON 24104 NW 94TH AVE. ALACHUA, FL 32615	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEARSON, MOLLY DVM 306 NE US HWY 441 MICANOPY, FL 32669	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVY, JULIE PO BOX 100126 GAINESVILLE, FL 32610	<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Julie Levy PO Box 100126 GAINESVILLE FL 32610	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Chi Frost 718 SW Churchill Way LAKE CITY FL 32025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Sherry Scott 14909 N SR121 GAINESVILLE FL 32653	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Sharon Natalie SHARON NATALINE</u> 3/2/05 (386)4543063 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					