

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008266

FILED
Feb 06, 2007
Secretary of State

Entity Name: NO MORE HOMELESS PETS, INC.

Current Principal Place of Business:

PO BOX 358466
GAINESVILLE, FL 32635

New Principal Place of Business:

210 NW 79TH DRIVE
GAINESVILLE, FL 32607

Current Mailing Address:

PO BOX 358466
GAINESVILLE, FL 32635

New Mailing Address:

PO BOX 141023
GAINESVILLE, FL 32614

FEI Number: 02-0536968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATALINE, SHARON
24104 NW 94 AV
ALACHUA, FL 32615 US

Name and Address of New Registered Agent:

TUCKER, SYLVIA
2290 SE 193 CT
MORRISTON, FL 32668 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: SYLVIA TUCKER

02/06/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEVY, JULIE
Address: PO BOX 100126
City-St-Zip: GAINESVILLE, FL 32610

Title: VD () Delete
Name: FROST, CHI
Address: 718 SW CHURCHILL WAY
City-St-Zip: LAKE CITY, FL 32025

Title: SD () Delete
Name: SCOTT, SHERRY
Address: 14909 N SR121
City-St-Zip: GAINESVILLE, FL 32653

Title: TD () Delete
Name: NATALINE, SHARON
Address: 24104 NW 94TH AVE.
City-St-Zip: ALACHUA, FL 32615

Title: D () Delete
Name: LEVY, JULIE
Address: PO BOX 100126
City-St-Zip: GAINESVILLE, FL 32610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: FRIARY, JOHN
Address: 999 SW 16TH AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: SD (X) Change () Addition
Name: SCOTT, KAREN
Address: 444 NW 26TH AVE
City-St-Zip: GAINESVILLE, FL 32609

Title: TD (X) Change () Addition
Name: TUCKER, SYLVIA
Address: 2290 SE 193 CT
City-St-Zip: MORRISTON, FL 32668

Title: D (X) Change () Addition
Name: RYAN, BOB
Address: 120 SW 154 ST
City-St-Zip: NEWBERRY, FL 32669

I hereby certify that the information supplied with this filing does not qualify for the 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: SYLVIA TUCKER

TD

02/06/2007

Electronic Signature of Signing Officer or Director

Date