

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008266

FILED
Jan 11, 2008
Secretary of State

Entity Name: NO MORE HOMELESS PETS, INC.

Current Principal Place of Business:

210 NW 79TH DRIVE
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

PO BOX 141023
GAINESVILLE, FL 32614

New Mailing Address:

FEI Number: 02-0536968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUCKER, SYLVIA
2290 SE 193 CT
MORRISTON, FL 32668 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: PD () Delete
Name: LEVY, JULIE
Address: PO BOX 100126
City-St-Zip: GAINESVILLE, FL 32610

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: SYLVIA TUCKER

TD

01/11/2008

Electronic Signature of Signing Officer or Director

Date