

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008266

FILED  
Jan 06, 2011  
Secretary of State

**Entity Name:** NO MORE HOMELESS PETS, INC.

**Current Principal Place of Business:**

4205 NW 6TH STREET  
GAINESVILLE, FL 32609

**New Principal Place of Business:**

4205 NW 6TH STREET  
SUITE A-2  
GAINESVILLE, FL 32609

**Current Mailing Address:**

PO BOX 141023  
GAINESVILLE, FL 32614

**New Mailing Address:**

4205 NW 6TH STREET  
SUITE A-2  
GAINESVILLE, FL 32609

**FEI Number:** 02-0536968

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PETERS, JEANNETTE  
5015 NW 24TH DRIVE  
GAINESVILLE, FL 32605 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  
**Name:** COFRIN, GLADYS  
**Address:** 2615 NW 22ND DRIVE  
**City-St-Zip:** GAINESVILLE, FL 2605

**Title:** SD  
**Name:** HUTCHINSON, ROBERT K  
**Address:** 3218 SE 27TH STREET  
**City-St-Zip:** GAINESVILLE, FL 32641

**Title:** TD  
**Name:** KAPLAN-STEIN, DALE  
**Address:** 12801 NW 56TH AVENUE  
**City-St-Zip:** GAINESVILLE, FL 32653

I hereby 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 all other like empowered.

**SIGNATURE:** GLADYS COFRIN

P/D

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date