

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008290

FILED  
Jan 24, 2009  
Secretary of State

**Entity Name:** PROTECTORS OF COMPANION ANIMALS, INC.

**Current Principal Place of Business:**

120 N FAIRFAX AVE  
WINTER SPRINGS, FL 327082533 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 181176  
CASSELBERRY, FL 327181176 US

**New Mailing Address:**

**FEI Number:** 59-3760425

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WADE, GLORIA E PRES.  
120 N FAIRFAX AVE  
WINTER SPRINGS, FL 327082533 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: PRES ( ) Delete  
Name: WADE, GLORIA E PRES.  
Address: 120 N FAIRFAX AVE  
City-St-Zip: WINTER SPRINGS, FL 327082533 US

Title: V.P. ( ) Delete  
Name: FRAZIER, JONATHON P V. P.  
Address: 1215 MURDOCK BOULEVARD  
City-St-Zip: ORLANDO, FL 32825 US

Title: S/T ( ) Delete  
Name: LEBEAU, SHARON SEC/TRE  
Address: 259 FALLEN PALM DRIVE  
City-St-Zip: CASSELBERRY, FL 32707 US

**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:

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: GLORIA E. WADE

PRES

01/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date