

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000001479

**FILED**  
**Jan 09, 2011**  
**Secretary of State**

**Entity Name:** ANIMAL COMPASSION PROJECT, INC.

**Current Principal Place of Business:**

7620 ROOKERY LANE  
NAPLES, FL 34120 US

**New Principal Place of Business:**

**Current Mailing Address:**

7620 ROOKERY LANE  
NAPLES, FL 34120 US

**New Mailing Address:**

**FEI Number:** 03-0409650

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ANTONIA, MICHELE  
7620 ROOKERY LANE  
NAPLES, FL 34120 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: ANTONIA, MICHELE  
Address: 7620 ROOKERY LANE  
City-St-Zip: NAPLES, FL 34120

Title: VPD  
Name: BLAND, TINA  
Address: 1097 BLUEBIRD ST.  
City-St-Zip: NAPLES, FL 34104

Title: SD  
Name: DILLON, DANIELLE  
Address: P. O. BOX 8474  
City-St-Zip: NAPLES, FL 34101

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:** MICHELE ANTONIA

PD

01/09/2011

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

\_\_\_\_\_  
Date