

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004294

FILED
Mar 12, 2009
Secretary of State

Entity Name: FIRST COAST NO MORE HOMELESS PETS, INC.

Current Principal Place of Business:

1125 AKERS DRIVE
JACKSONVILLE, FL 32225

New Principal Place of Business:

6817 NORWOOD AVENUE
JACKSONVILLE, FL 32208

Current Mailing Address:

1125 AKERS DRIVE
JACKSONVILLE, FL 32225

New Mailing Address:

6817 NORWOOD AVENUE
JACKSONVILLE, FL 32208

FEI Number: 01-0709158

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUCHARME, RICHARD L
1125 AKERS DRIVE
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

DUCHARME, RICHARD L
6817 NORWOOD AVENUE
JACKSONVILLE, FL 32208 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: RICHARD L DUCHARME

03/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DUCHARME, RICHARD L
Address: 1125 AKERS DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: MARSH, PETER
Address: 24 MONTGOMERY STREET
City-St-Zip: CONCONRD, NH 03301

Title: S () Delete
Name: BURDETT, LEIGH
Address: 13899 ATHENS DR
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D () Delete
Name: TIPPIN, KIM
Address: 4958 ORTEGA BLVD
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: D () Delete
Name: STONE-REGAS, ANASTASIA
Address: 335 W. 9TH STREET
City-St-Zip: JACKSONVILLE, FL 32206 US

Title: D () Delete
Name: FIELDS, DEBORAH L
Address: 11700 CENTRAL PARKWAY
City-St-Zip: JACKSONVILLE, FL 32224 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:

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: RICHARD L DUCHARME

D

03/12/2009

Electronic Signature of Signing Officer or Director

Date