FILED
Apr 14, 2003 8:00 am
Secretary of State
03-24-2003 91017 047 ****70.00

55025042

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000007448

1. Entity Name
HEAVENLY ACRES & SECOND CHANCE ANIMAL RESCUE INC.

Principal Place of Business	Mailing Address
22396 WEST LOOP RD. GROVELAND, FL 34736	P.O. BOX 144 DUNEDIN, FL 34697

2. Principal Place of Business — Suite, Apt. #, etc.
3. Mailing Address — Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State / Zip / Country (Principal Place of Business)
City & State / Zip / Country (Mailing Address)

4. FEI Number: 56-2301507 - 191512 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: X $8.75 Additional Fee Required.

6. Name and Address of Current Registered Agent

ROBERTS, BETTY
15246 GRAYLING LANE D
ODESSA, FL 33556

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Carol Moore 3/18/03
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating.) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 Now Per Added to Fees

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SHIPP, CINDY D 22396 W. LOOP RD. GROVELAND, FL 34736 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MOORE, CAROL D P.O. BOX 144 DUNEDIN, FL 34697 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MOORE, CAROL P.O. BOX 144 DUNEDIN, FL 34697 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JANI DEFERS D 19866 S. PLANTATION ESTATES DR PORTER, TX 77365 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Betty Roberts 15246 GRAYling LANE D Odessa, FL 33566 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E007 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carol Moore CAROL MOORE 3/18/03 727-417-4034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #