

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007750

FILED
Feb 21, 2008
Secretary of State

Entity Name: ALLIANCE OF RESPONSIBLE PET OWNERS OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

5204 BEIGE STREET
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

PO BOX 23651
JACKSONVILLE, FL 322413651

New Mailing Address:

FEI Number: 33-1026195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUFFEY, DARLA M
5204 BEIGE STREET
JACKSONVILLE, FL 32258 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: DP () Delete
Name: DUFFEY, ERNEST N
Address: 5204 BEIGE STREET
City-St-Zip: JACKSONVILLE, FL 32258

Title: DT () Delete
Name: DUFFEY, DARLA M
Address: 5204 BEIGE STREET
City-St-Zip: JACKSONVILLE, FL 32258

Title: DS () Delete
Name: BAKER, SARAH W
Address: 3514 MORGAN LAKE COURT
City-St-Zip: JACKSONVILLE, FL 32216

Title: DV () Delete
Name: MARKS, VICTORIA
Address: 2930 HODGES BLVD
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: SHUMACHER, SHARRON
Address: 545 MULBERRY DR HIBERNIA RT
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: DS () Delete
Name: EMERY, ACE
Address: P.O. BOX 1992
City-St-Zip: MIDDLEBURG, FL 32050

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
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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: ERNEST N. DUFFEY

PRES

02/21/2008

Electronic Signature of Signing Officer or Director

Date