

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90178 029 \*\*\*\*61.25

**DOCUMENT #N02000007793**

1. Entity Name  
**SAVE THE ANIMALS RESCUE SOCIETY (S.T.A.R.S.) OF  
AMELIA, INC.**



Principal Place of Business  
**4924 FIRST COAST HWY  
FERNANDINA BEACH, FL 32034**

Mailing Address  
**PO BOX 893  
FERNANDINA BEACH, FL 32034**

**34069430**



04052004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**52-2382498**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**TENNILLE, TERRI  
218 MARSH LAKES CT.  
FERNANDINA BEACH, FL 32034**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee Is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME TENNILLE, TERRI  
STREET ADDRESS 218 MARSH LAKES CT  
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE D  
NAME JASINSKY, PAT *Delet*  
STREET ADDRESS 62 GREEN HERON WAY  
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE D  
NAME GRAY, JOANNA *Delet*  
STREET ADDRESS 1899 SYCAMORE LN  
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE D  
NAME BOURNE, ROB H  
STREET ADDRESS 655 PINEY ISLAND DR  
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE D  
NAME COX, BETTY  
STREET ADDRESS 415 S. 4TH ST.  
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE D  
NAME QUATTLEBAUM, PAT  
STREET ADDRESS 1004 N OCEAN OAKS  
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/22/04* *904-415-1002*  
Date Daytime Phone #