2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N02000007793

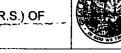
Entity Name

SAVÉ 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

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

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

UCPEdure



04052004 No Chg-NP

CR2E037 (10/03)

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

SIGNATURÈ

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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 age.						
Signature, typed or printed name of registered agent and title if applicable: (NOTE Registered Agent signature required when reinstating)						
	Filing Fee is \$61.25 Due by May 1, 2004	Election Campaign Financ Trust Fund Contribution.	· _ +0.	.00 May Be ed to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TENNILLE, TERRI 218 MARSH LAKES CT FERNANDINA BEACH, FL 32034					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JASINSKY, PAT 62 GREEN HERON WAY FERNANDINA BEACH, FL 32034	Į.	DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, JOANNA 1899 SYCAMORE LN FERNANDINA BEACH, FL 32034	to l				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOURNE, ROB H 655 PINEY ISLAND DR FERNANDINA BEACH, FL 32034	2 -		IN THI	S SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COX, BETTY 415 S. 4TH ST. FERNANDINA BEACH, FL 32034					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUATTLEBAUM, PAT 1004 N OCEAN OAKS FERNANDINA BEACH, FL 32034					
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 emprehending species his 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 any address with all opter like emprehending.						