2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007793

FILED
May 01, 2009
Secretary of State

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

Current Principal Place of Business:

4924 FIRST COAST HWY
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

PO BOX 893
FERNANDINA BEACH, FL 32034

New Mailing Address:

FEI Number: 52-2382498 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TENNILLE, TERRI
218 MARSH LAKES CT.
FERNANDINA BEACH, FL 32034 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:	TENNILLE, TERRI	
Address:	218 MARSH LAKES CT	
City-St-Zip:	FERNANDINA BEACH, FL 32034	
Title:	D	( ) Delete
Name:	BOURNE, ROB H	
Address:	655 PINEY ISLAND DR	
City-St-Zip:	FERNANDINA BEACH, FL 32034	
Title:	D	( ) Delete
Name:	COX, BETTY	
Address:	415 S. 4TH ST.	
City-St-Zip:	FERNANDINA BEACH, FL 32034	
Title:	D	( ) Delete
Name:	QUATTLEBAUM, PAT	
Address:	1004 N OCEAN OAKS	
City-St-Zip:	FERNANDINA BEACH, FL 32034	
Title:	D	( ) Delete
Name:	BOURNE, KAREN	
Address:	655 PINEY ISLAND DRIVE	
City-St-Zip:	FERNANDINA BEACH, FL 32034	

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:	

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: TERRI TENNILLE   DP   05/01/2009
Electronic Signature of Signing Officer or Director   Date