

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 25, 2009
Secretary of State**

DOCUMENT# N03000003810

Entity Name: STRAY AID & RESCUE, INC.

Current Principal Place of Business:

1305 GUAVA ISLE
FORT LAUDERDALE, FL 33315

New Principal Place of Business:

Current Mailing Address:

1305 GUAVA ISLE
FORT LAUDERDALE, FL 33315

New Mailing Address:

FEI Number: 58-2668168 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIANE M. FRASER
1305 GUAVA ISLE
FORT LAUDERDALE, FL 33315 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: P () Delete
Name: FRASER, DIANE M
Address: 1305 GUAVA ISLE
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: V () Delete
Name: SMITH, KATHY
Address: 1412 NE 17TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: S () Delete
Name: SCHWARTZ, LINDA
Address: 246 SW 33RD STREET
City-St-Zip: FORT LAUDERDALE, FL 33315 US

Title: T () Delete
Name: DODARELL, MARGARET
Address: 200 NE 16 PLACE
City-St-Zip: FORT LAUDERDALE, FL 33305 US

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: T (X) Change () Addition
Name: DYAL, MARGARET
Address: 200 NE 16 PLACE
City-St-Zip: FORT LAUDERDALE, FL 33305 US

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: DF

Electronic Signature of Signing Officer or Director

P

02/25/2009

Date