

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003810

FILED  
Feb 08, 2012  
Secretary of State

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 (X)

**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  
Name: FRASER, DIANE M  
Address: 1305 GUAVA ISLE  
City-St-Zip: FORT LAUDERDALE, FL 33315

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

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

Title: S  
Name: KNUDSEN, CHERYL  
Address: 1662 NE 34 LANE  
City-St-Zip: OAKLAND PARK, FL 33334

Title: D  
Name: SMITH, MAUREEN  
Address: 520 MIDDLE RIVER DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33304

I hereby 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 all other like empowered.

SIGNATURE: DIANE FRASER

P

02/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date