2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2009
Secretary of State

DOCUMENT# N03000005560

Entity Name: FLORIDA ALLIANCE FOR ANIMAL OWNERS RIGHTS, INC.

Current Principal Place of Business:

1912 HOOT OWL HILL
TALLAHASSEE, FL 32317

New Principal Place of Business:

Current Mailing Address:

1912 HOOT OWL HILL
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 03-0524733 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EARLY, JANIS
1912 HOOT OWL HILL
TALLAHASSEE, FL 32317 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:	NOYES, SUSAN G	
Address:	5800 VETERANS MEMORIAL DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	T	( ) Delete
Name:	EARLY, JANIS B	
Address:	1912 HOOT OWL HILL	
City-St-Zip:	TALLAHASSEE, FL 32317	
Title:	VP	( ) Delete
Name:	HARPER, ANN	
Address:	3540 HWY 231 N, # 14	
City-St-Zip:	SHELBYVILLE, TN 37160	
Title:	S	( ) Delete
Name:	SINCLAIR, JEFFRA	
Address:	31345 BRANTLEY BRANCH RD	
City-St-Zip:	EUSTIS, FL 32736	
Title:	D	( ) Delete
Name:	SMITH, CHARLES	
Address:	4508 OAK FAIR BLVD, STE 290	
City-St-Zip:	TAMPA, FL 33601	
Title:	D	( ) Delete
Name:	CLEVELAND, PAT	
Address:	249 W SMITHVILLE RD	
City-St-Zip:	DOTHAN, AL 36301	

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:	
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: JANIS B. EARLY T 04/19/2009

Electronic Signature of Signing Officer or Director — Date