

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009604

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: TALK TO YOUR ANIMAL FOUNDATION, INC.

**Current Principal Place of Business:**

3202 COLWELL AVENUE  
STE 2704  
TAMPA, FL 33614

**New Principal Place of Business:**

810 EAST GILCHRIST CT  
STE 3A  
HERNANDO, FL 34442

**Current Mailing Address:**

PO BOX 641111  
BEVERLY HILLS, FL 34464

**New Mailing Address:**

810 EAST GILCHRIST CT  
SUITE 3A  
HERNANDO, FL 34442

FEI Number: 52-2413462

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TOWNES, ELIZABETH A CPA  
2701 W BUSCH BLVD #211  
TAMPA, FL 33618 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: DANIELS, PATRICIA V  
Address: PO BOX 641111  
City-St-Zip: BEVERLY HILLS, FL 34464

Title: D ( ) Delete  
Name: GOOD, DANIEL E  
Address: 8323 N FREMONT AVE  
City-St-Zip: TAMPA, FL 33604

Title: D ( ) Delete  
Name: POTTER, ROBERT S  
Address: 8323 N FREMONT AVE  
City-St-Zip: TAMPA, FL 33604

Title: SD ( ) Delete  
Name: PENNINGTON, PAULA  
Address: 17106 PAR CLUB CIRCLE  
City-St-Zip: TAMPA, FL 33618

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: DANIELS, PATRICIA V  
Address: 810 EAST GILCHRIST CT SUITE 3A  
City-St-Zip: HERNANDO, FL 34442

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: PATRICIA DANIELS

P

04/07/2009

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

\_\_\_\_\_  
Date