

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001717

FILED
Apr 30, 2007
Secretary of State

Entity Name: YAHTOK'YA ANIMAL SANCTUARY, INC.

Current Principal Place of Business:

4817 244 AVE
LACROSSE, FL 32658

New Principal Place of Business:

Current Mailing Address:

PO BOX 92
LACROSSE, FL 32658

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAPIN, ERIKA J
PO BOX 92
LACROSSE, FL 32658 US

Name and Address of New Registered Agent:

CAPIN, ERIKA J
4817 NW 244TH AVE
LACROSSE, FL 32658 US

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:

04/30/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAPIN, ERIKA J
Address: 4817 244 AVE
City-St-Zip: LACROSSE, FL 32658

Title: D () Delete
Name: CAPIN, BRUCE M
Address: 4817 244 AVE
City-St-Zip: LACROSSE, FL 32658

Title: D () Delete
Name: WOOD, HEATHER
Address: 405 SE 2 AVE APT 41
City-St-Zip: GAINESVILLE, FL 32607

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:

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: ERIKA CAPIN

D

04/30/2007

Electronic Signature of Signing Officer or Director

Date