

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90014 047 ****61.25

DOCUMENT # N04000003258

1. Entity Name
SANCTUARY ANIMAL REFUGE, INC.



Principal Place of Business
210 210 N PALOMINO ST
CLEWISTON, FL 33440

Mailing Address
210 210 N PALOMINO ST
CLEWISTON, FL 33440

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2. Principal Place of Business

210 N Palomino St

3. Mailing Address

Suite, Apt. #, etc.

07112005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number

20-0957728

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DORSEY, PALENA
210 N PALOMINO ST
CLEWISTON, FL 33440

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Palena R Dorsey

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/15/05

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: Executive Director
NAME: Palena R Dorsey
STREET ADDRESS: 210 N Palomino St
CITY-ST-ZIP: Clewiston FL 33440 ☐ Delete

TITLE: Director
NAME: Stephen Katz
STREET ADDRESS: 210 N Palomino St
CITY-ST-ZIP: Clewiston FL 33440 ☒ Delete

TITLE: Director
NAME: Joseph Dorsey
STREET ADDRESS: 210 N Palomino St
CITY-ST-ZIP: Clewiston FL 33440 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: Director
NAME: Amber Stephens
STREET ADDRESS: 1277 Potomac Vista DR
CITY-ST-ZIP: Woodbridge VA 22191 ☐ Change ☒ Addition

TITLE: Director
NAME: Joseph A Dorsey
STREET ADDRESS: 1327 Nantley Way
CITY-ST-ZIP: Edison CA 95630-8417 ☐ Change ☒ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Palena R Dorsey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/05

Date

954-249-9863

Daytime Phone #