

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003658

FILED
Apr 06, 2007
Secretary of State

Entity Name: NO MORE HOMELESS PETS IN HILLSBOROUGH COUNTY, INC.

Current Principal Place of Business:

17633 GUNN HWY #180
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

2914 ALINE AVE
TAMPA, FL 33611

New Mailing Address:

FEI Number: 20-0875455

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'BRIEN, HOLLY
2413 BAYSHORE BLVD., #1701
TAMPA, FL 33629 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: D () Delete
Name: NEWMAN, MEGAN
Address: 11500 N. DALE MABRY, #1205
City-St-Zip: TAMPA, FL 33618

Title: SD () Delete
Name: MOYER, JOHN
Address: P.O. BOX 4744
City-St-Zip: TAMPA, FL 33677

Title: P () Delete
Name: KEY, MARY PH..D.
Address: 2914 ALINE AVE
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: HAMILTON, FRANK PH.D.
Address: 8617 BETH CT
City-St-Zip: ODESSA, FL 33556

Title: T () Delete
Name: HOMA, DIANE
Address: 4801 OSPREY DR. S. #305
City-St-Zip: ST. PETERSBURG, FL 33711

Title: D () Delete
Name: O'BRIEN, HOLLY
Address: 2913 BAYSHORE BLVD, #1701
City-St-Zip: TAMPA, FL 33629

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: T (X) Change () Addition
Name: HOMA, DIANE
Address: 611 SAXONY BLVD.
City-St-Zip: ST. PETERSBURG, FL 33716

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DIANE HOMA

T

04/06/2007

Electronic Signature of Signing Officer or Director

Date