

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003658

FILED  
Apr 04, 2008  
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:**

17633 GUNN HWY #180  
ODESSA, FL 33556

**Current Mailing Address:**

2914 ALINE AVE  
TAMPA, FL 33611

**New Mailing Address:**

17633 GUNN HWY #180  
ODESSA, FL 33556

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

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

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: VP (X) Change ( ) Addition  
Name: HAMILTON, FRANK PH.D.  
Address: 8617 BETH COURT  
City-St-Zip: ODESSA, FL 33556

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: DIANE HOMA

T/D

04/04/2008

Electronic Signature of Signing Officer or Director

Date