

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004960

FILED  
May 01, 2005  
Secretary of State

Entity Name: GAIA'S CHILDREN ANIMAL RESCUE, INC.

**Current Principal Place of Business:**

37116 POWER DRIVE  
HILLIARD, FL 32046 US

**New Principal Place of Business:**

**Current Mailing Address:**

37116 POWER DRIVE  
HILLIARD, FL 32046 US

**New Mailing Address:**

FEI Number: 20-1334079      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

LOWERY, DOROTHY O  
37116 POWER DRIVE  
HILLIARD, FL, FL 32046 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/D ( ) Delete  
Name: LOWERY, DOROTHY O  
Address: 37116 POWER DRIVE  
City-St-Zip: HILLIARD, FL 32046 US

Title: VP/D ( ) Delete  
Name: LOWERY, LEE D SR.  
Address: 37116 POWER DRIVE  
City-St-Zip: HILLIARD, FL 32046 US

Title: S/D ( ) Delete  
Name: SALLAS, MILDRED O  
Address: 27517 SWEARINGEN ROAD  
City-St-Zip: HILLIARD, FL 32046 US

Title: T/D ( ) Delete  
Name: SALLAS, JOHN R SR.  
Address: 27517 SWEARINGEN ROAD  
City-St-Zip: HILLIARD, FL 32046 US

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DOROTHY LOWERY

P/D

05/01/2005

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

\_\_\_\_\_  
Date