

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005387

FILED
Apr 15, 2009
Secretary of State

Entity Name: SECOND CHANCE ANIMAL RESCUE INC

Current Principal Place of Business:

3495 BELCHER ROAD
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

PO BOX 1591
DUNEDIN, FL 34697

New Mailing Address:

FEI Number: 20-0924575

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, WILLIAM
1141 FRIENDLY LANE
DUNEDIN, FL 34698 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: MOORE, CAROL E PRES
Address: PO BOX 144
City-St-Zip: DUNEDIN, FL 34697

Title: D () Delete
Name: HOOEY, SARAH M LD CHAR
Address: PO BOX 144
City-St-Zip: DUNEDIN, FL 34697

Title: TRES () Delete
Name: PARSONS, CHARLOTTE TRES
Address: 1192 RIDGEWOOD DRIVE
City-St-Zip: CLEARWATER, FL 33756

Title: VPD () Delete
Name: PARSONS, WILLIAM VP
Address: 1192 RIDGEWOOD DRIVE
City-St-Zip: CLEARWATER, FL 33756

Title: SD () Delete
Name: HOOEY, THEODOCIA SEC
Address: 1941 RIDGEWOOD DRIVE
City-St-Zip: CLEARWATER, FL 33763

Title: RA () Delete
Name: HARRIS, WILLIAM REG AG
Address: 1141 FRIENDLY LANE
City-St-Zip: DUNEDIN, FL 34698

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: () 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: CAROL MOORE

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date